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CLINICAL LECTURE.

CHRONIC ENLARGEMENT OF THE TONSILS OF CHILDREN.— EPILEPSY.¹

BY H. A. HARE, M. D.,

CLINICAL PROFESSOR OF DISEASES OF CHILDREN IN
THE UNIVERSITY OF PENNSYLVANIA.

Gentlemen: The first case I have to show you this morning is one of a character which is quite frequently met with, namely, an enlargement of the tonsils with some follicular inflammation, but chiefly consisting in an increase in the connective tissue, an interstitial tonsillitis of a chronic type. This condition is accompanied by a protrusion of the tonsils across the pharynx, in this case touching the uvula on one side, and almost touching it upon the other. Often the uvula is touched upon both sides. On examining this throat, you will notice that the mucous membrane over the tonsils is hyperemic, reddened and inflamed, but not covered with the white spots which are frequently seen. This tells us that this is not a case of pure follicular tonsillitis; for in it we have large quantities of a cheesy material poured out, which so closely resembles the false membrane of diphtheria, that a false diagnosis is often made. The exudate can be removed, however, on a small probe, and leaves behind it no bleeding or raw surface. This is not the case in diphtheria, where the membrane is adherent, and on removal leaves a bleeding surface. In acute tonsillitis, true quinsy, or suppurative tonsillitis, death seldom occurs. It is curious that strangulation does not more frequently occur from rupture of the abscess during sleep, or that pneumonia does not result from the swallowing or breathing in of

this material, the so-called *Schluck-pneumonie* of the Germans.

Most commonly these cases come to the physician because the child has a constant paroxysmal cough, which almost ceases during the daytime, but is persistent at night, especially in the early hours of sleep. A careful examination of the chest in these cases of tonsillitis shows no sign of pulmonary trouble. The cough is a pharyngeal or uvular cough, due to irritation. The cause of the cough is not identical with that of an ordinary cough, but is due to the two enlarged tonsils which protrude and tickle the uvula. During the daytime the muscles are held tense, and the tonsils are thus prevented from touching the uvula; but if an involuntary relaxation occurs, as in sleep, the uvula is tickled, cough results, and the child awakens. At times it is even necessary for the child to sit up in bed to relieve the cough.

It is difficult to treat such cases; much more so than cases of acute follicular tonsillitis, which may be treated with diuretics and cardiac sedatives, and with the local application of cold or heat. In the treatment of the present variety, several interesting points must be considered. Is chronic interstitial fibrous enlargement of the tonsils severe enough to interfere so seriously with respiration as to make the removal of the tonsils necessary? A great many physicians, especially in France, recommend their removal. On the other hand, I have seen several experienced surgeons operate upon the tonsils and encounter excessive hemorrhage. As you well know, any severe operation upon the mouth is very apt to be accompanied by profuse hemorrhage.

The next heroic treatment after tonsillectomy is igni-puncture, or the use of the actual cautery. It consists in the insertion into the enlarged mass of a small electric cautery, or the ordinary red-hot iron. The inflammation which ensues around the burns

¹ Delivered at the University Hospital.

results in fibrous or cicatricial contraction, with a consequent decrease in size of the organ. This results in a ragged-looking tonsil, with crypts in which food may accumulate and undergo decomposition, with the production of fetid breath. A mouth wash or gargle of carbolic acid (1 to 100), sweetens the breath and prevents decomposition from going on. Notwithstanding its drawbacks, however, igni-puncture is the operation to be resorted to, instead of tonsillotomy. It is safer and just as efficacious. However, in all these cases, the patient at first desires you to temporize with medicinal measures; and probably the best medicine for an adult is iodide of potassium, five grains three times a day, at the same time painting the tonsils with equal parts of iodine and glycerine, or one part of iodine to three parts of glycerine, and also painting the skin externally with tincture of iodine, or rubbing in iodine ointment. If you employ iodine ointment over enlarged glands in children, it must be mixed with lard; as it is too strong to be applied in its official strength. Simple or benzoated lard may be used with an equal amount of the iodine ointment. If the child is the age of this one (8 years), probably you will not be able to give it iodide of potassium in effective doses, as the drug would be apt to disorder the stomach. You should use in its place the syrup of the iodide of iron internally. Most of these children are anemic, and iron is needed. Iodide of iron also exerts a peculiar influence over inflammation of the upper air passages. The syrup should be given in doses of five drops or more three times a day.

On looking at this child's tongue you will notice that it is black. This is due to the iron, which also blackens the feces. The discoloration is due to the presence of sulphide of iron. It is well to warn the mother that this will occur, to prevent needless alarm.

To be more definite, what shall we do for this case? We shall give her five drops of the syrup of the iodide of iron three times a day, and apply externally over the enlarged tonsils ichthyol ointment, night and morning, two drachms to the ounce of lard. If no irritation of the skin is produced, we shall apply it at noon as well. It is impossible to make applications to the tonsils internally every day, and it is dangerous to give iodine solution to parents of young children, with which to paint the child's

throat. If I should give anything, it would be a solution of one drachm of tannic acid to two ounces of glycerine, to be applied with a camel's-hair brush.

I forgot to mention one other course of treatment which may be resorted to after igni-puncture, and that is the use of the solid stick of silver nitrate. This is especially useful when there is a complication of chronic interstitial tonsillitis with follicular tonsillitis. By using the stick in these cases you mildly cauterize the tonsils, and achieve good results.

The slight deafness which is frequently complained of by patients with enlarged tonsils is due to an extension of the inflammation from the tonsils to the Eustachian tubes, which either become patulous or plugged with mucus.

Epilepsy.

The next case is one of epilepsy: an extremely common disease, and of frequent occurrence among children. The case is one of ordinary idiopathic epilepsy, unfortunately not dependent upon trauma or tubercular growths, and consequently unfavorable as regards prognosis. It depends upon some organic change which the microscope so far has not been able to reveal. The boy, however, has one symptom which gives us a clue, sufficient to start us on a tour of investigation as to whether it is a true epilepsy, or an epilepsy hysterical in origin. His aura consists in the sensation of a globe rising in the throat, which, as it reaches the level of the glottis, terminates in an attack of epilepsy. Hysterical epilepsy may occur in young males as well as in females. There is also a possibility of this case being one of the so-called reflex epilepsies. A number of authorities claim that there is no such thing as a reflex epilepsy; but I think that it is proved conclusively that a certain number of these cases are reflex, and in such cases the removal of the cause is apt to be followed by a cure of the epilepsy. An adherent and elongated prepuce is one of the most common causes of this variety of the disease. In such cases the prepuce is never thoroughly emptied of urine; and the retained urine sets up an inflammation which may even result in ulceration. In other cases a large amount of smegma collects around the corona, and an inflammation is thus excited. In these cases circumcision is always to be tried. It may or may not be

good. In other cases some foreign body may be found in some portion of the system, which by its presence creates sufficient irritation to produce a reflex epilepsy. The nose especially should be searched for such a cause, as beans and other bodies are often placed there by children.

The variety of the auras which come on in epilepsy is very great. Probably there are as many as ninety different forms described. The globus hystericus, tingling in the fingers, tingling in the toes, hallucinations and sudden interruption of the heart, are but a few examples of the great variety of forms it assumes. There is a point of interest in regard to treatment connected with the aura. If an attack is always preceded by an aura, the prognosis is more favorable than if the aura does not come on. One nervous act always predisposes to another nervous act, and the second act is much more violent as a rule than the first. This is especially noticeable in epilepsy. Now you can see at once that those cases which have an aura may be more favorable in prognosis than the others; since, if the aura is of any duration we can generally, by using nitrite of amyl, avert the subsequent nervous act; and if we do not have the first nervous act, we will not have the second. Thus, if the patient can succeed in putting off his attacks for a year, he will probably be permanently improved. For this purpose, pearls of nitrite of amyl, containing two or three minims each, should be kept in the pocket, and one should be broken and used from a handkerchief as the aura is felt.

Another factor governing the prognosis of these cases is to be found in the habits of the parents as regards the use of alcohol. A number of statistics made in France show that a child of alcoholic parents is especially liable to epilepsy; and this is greater if both parents are addicted to the use of alcohol. The prognosis is more grave when both are alcoholics. Syphilis also must never be overlooked in these cases.

In a certain number of cases of epilepsy it will be noticed that the child will have a rotatory convulsion preceding the attack. What the cause of these rotatory convulsions is, is not fully known.

This boy does not suffer with prolonged unconsciousness or coma, as is usual in most cases.

There is one other thing I should impress upon you in studying a case of epilepsy.

Ascertain if any portion of the body is first affected, as evinced by a movement of one thumb, or of a hand, or leg, or by a flushing of one portion of the body. This may give a clue as to where the lesion is that produces the attack, or indicate whether or not the disease is idiopathic in nature. I remember seeing a man under the care of Dr. Hughlings Jackson some years ago, who was paralyzed in the lower extremities from Pott's disease, and who suddenly developed an epilepsy in which the movements were confined to the upper extremities. The thumb of the right hand was the first portion of the body affected by the paroxysms, and the diagnosis was made that the thumb centre upon the opposite side of the brain was involved. Accordingly the man's skull was trephined, and a tumor the size of a hickory nut was found and removed, with subsequent complete or partial cure of the epilepsy.

In the treatment of these cases of epilepsy, bromide of potassium is the standard remedy. I think that sodium bromide is better for children, as it is not so apt to disturb the stomach. The best way to administer it, is in solution; since it deliquesces if in powder form. Some authorities claim that it is not so active as the potassium salt; but I am unable to vouch for the accuracy of this assertion. In gouty cases, the bromide of lithium may be of service. In all cases endeavor to put off the attack by the use of the nitrite of amyl. If you give bromide of potassium to a child—and always when you are giving it to women—give with it Fowler's solution. This exerts a useful influence on the disease in some cases, and it also prevents the formation of acne. Two to three drops should be given with ten grains of bromide.

A form of reflex epilepsy which I should have mentioned, occurs in little girls from the migration of seat worms from the rectum into the vagina, with the production of great reflex irritation and convulsions. The cure of the disease here is obtained by removing the worms. In all cases of this kind, however, the prognosis must be guarded. If the child has had but one or two fits, the prognosis is good; but if it has had ten or twelve, the habit has been produced, and this may become more and more persistent as the child grows older.

—Helenin, the active principle of elecampane root, is claimed by Marpmann to prevent development of tuberculosis.

COMMUNICATIONS.

CLIMATIC TREATMENT OF
PHTHISIS.¹

BY J. P. CROZER GRIFFITH, M. D.,

PROFESSOR OF CLINICAL MEDICINE IN THE PHILADELPHIA POLYCLINIC; PHYSICIAN TO ST. AGNES AND THE HOWARD HOSPITALS, AND TO THE RUSH HOSPITAL FOR CONSUMPTIVES.

That change of climate is one of the best—and sometimes the only—means of successfully treating phthisis is so universally admitted that it seems almost unnecessary to make mention of it. There are, nevertheless, certain details regarding it, which it may be not without interest to pass in review. For centuries this method has been in repute. The Romans used to send persons with ulcerated lungs to *Libra* that they might there inhale the balsamic odors from the pines; and Galen advised that phthisical patients be sent to localities in which the air was dry.

Even those who write upon the Home Treatment of consumption, admit the value of climatic treatment where it can be carried out. It goes of course without saying that the vast majority of phthisical patients, owing to pecuniary or other disability, cannot be sent away from home. The all-important subject of the means to be employed for the recovery of health in these, I cannot now treat, but must confine myself strictly to the subject of the influence of climate upon the disease.

I am myself so thoroughly convinced of the value of climato-therapy in phthisis, that were I assured that I had incipient phthisis, however slight, neither inhalations of oxygen, nor the use of compressed or rarified air, nor the breathing of hot air, nor enemata of foul air, nor trial of Koch's inoculations, nor pulmonary gymnastics, nor the ingestion of cod-liver oil, iron, arsenic, digitalis, creasote or any other drug should prevent me—if in any way I could compass it—from leaving a climate such as this for some more propitious one. And yet there are the sceptical—there always are, of every good thing. Let me, however, give you as samples, the histories in brief of two cases which were sent to parts of the world far re-

moved from here and from each other:—the Austrian Tyrol and Colorado. They occur to me because I have heard from each of them within a short time. The first patient developed apical phthisis some five or six years ago. Being a man of means he traveled, chiefly to various parts of the eastern United States, remaining in each place but a short time and returning again home. While away he improved, but always lost again on coming back. Finally his cough grew worse, there was slight hemoptysis, and examination showed decided depressions at the left apex with dulness on percussion, bronchial breathing and râles. I sent him to Meran in the Austrian Tyrol, where he remained for over a year. On his return I was astonished to discover that the dulness on percussion, the depression and bronchial breathing had entirely disappeared; leaving nothing but a few râles. An improvement such as this had not been effected by all the medicinal and hygienic treatment to which he had been previously subjected. I told him, however, that he had returned too soon, and the event proved the truth of this. He was shortly after returning, debilitated by a very severe attack of herpes zoster, and the subjective and objective symptoms of the phthisical affection returned in full force by the end of a year. He has again gone to Meran, where he now is, and is doing remarkably well. He has no cough at all, and only slight expectoration on rising in the morning. Can he be induced to remain sufficiently long, I have no doubt of his complete recovery.

The other patient is himself a physician from a neighboring city. He called upon me last July on account of obstinate cough, with loss of weight and strength, which drugs, rest and a temporary mountain sojourn had failed to relieve. He suspected phthisis, and wished to have a diagnosis made. Neither bronchial breathing nor impairment of percussion resonance could be detected, but there were a large number of râles at the left apex, and a few on the other side. Tubercle bacilli were present in the sputum. I told him there was no doubt he had incipient phthisis, and advised him by all means to go to Colorado and begin the practice of his profession there as soon as he felt able. He did so, and wrote me the other day, saying that he had gained 22 lbs., but asked my advice about coming on to take the Koch treatment, as he did not believe that he was yet quite cured. My

¹ Read before the Philadelphia County Medical Society, January 28, 1891.

answer can be readily imagined. But cases like these are known in numbers to all of you. Only recently one of the members of this Society told me that, visiting in Denver recently, he sat down to dinner with, I think, fifty men, all of them as hale and hearty as one could wish to see, though all or nearly all of them had gone West on account of trouble with the lungs.

Now as to the way in which climate can act in curing phthisis. If it is the fact, as most of us certainly firmly believe, that phthisis is the direct result of the growth of the tubercle bacilli in the lungs, the question naturally arises how climate can in any way affect the growth of these organisms after they have once found a nidus in the system. This question cannot be answered with positiveness. One matter bearing upon it is, however, nearly certain. It would seem probable that the only reason that all of us do not take the disease is that, either from the good condition of the general health, or from some peculiar, unsuitable state of the respiratory tract, the bacilli which we all probably inhale at times, do not find in certain individuals the conditions suited for their development. Given, then, a patient with pulmonary phthisis, our efforts must be to render the lungs again of such a quality that bacilli already present can no longer thrive and multiply. It seems beyond question that certain climates have the power of accomplishing this desideratum in some way unknown to us, but certainly more effectively than any other known agent. What peculiar climatic features they are which have this power is, as yet, not determined with definiteness. The most generally accepted view is that high altitudes, as a rule, are inimical to the development of phthisis, and conducive to the recovery of those already affected; while a low elevation above tide-water, especially if combined with dampness, continued high temperature, or frequent changes of temperature, favors its development. Particularly are writers almost at one in reference to the favorable action of high altitudes. Phthisis is of rare occurrence, for example, in the high mountain cities of Mexico, in spite of the unfavorable influence exercised by the bad hygiene and the employment of the inhabitants largely in mines.

The disease is almost unknown in the high plateaus of South America, and rare in the high portion of the Western United States. Switzerland is, on the whole, re-

markably free from it, and it is very rare in the highlands of upper Egypt. In the western Highlands of Scotland, too, it is uncommon as compared with other parts of the British Isles.

It is not yet definitely understood whether the immunity of the dwellers in high altitudes is due to the low barometric pressure or to the purity of the air. The view has not found favor that it is in any way connected with the greater depth of the respiratory act; nor does the statement that microbes live with greater difficulty at a high elevation satisfactorily explain it. That the influence of high elevation is not due, at least entirely, to the low barometric pressure seems probable; since, as is well known, prolonged sea voyages are often of great benefit to phthisical patients. Moreover, some islands, as Iceland and the Hebrides and Shetland Islands, are singularly free from the disease; and the Kirghis enjoy an absolute immunity, although they inhabit steppes only 100 feet above sea level.

It has been long assumed that odors of turpentine and allied substances coming from pine forests were of value in the treatment of phthisis, and it has been claimed that to this factor sojourn in the Adirondacks owes the undoubted advantages often exercised by it in many cases of phthisis. There are clearly, however, other important factors; since otherwise all regions filled with these woods should exert the same favorable influence. Yet there are many such districts—as Maine—where the mortality from phthisis is high. One might argue that the mortality in such places was the result of too great a degree of dampness; but in answer it may be noted that many islands, as already stated, where the air is, to an extent, damp, suffer but little, if at all, from phthisis. In fact, the prevalence of the disease does not seem to be connected with any geographical position or condition of temperature.

Our knowledge in this regard may be summed up by saying that change of climate is very often of the greatest benefit to phthisical patients, and that, as a rule, this benefit seems to be intimately associated with elevation above tide-water, though there are many localities with no considerable altitude where a good effect is often exerted upon the disease.

It will repeatedly be observed that the relation of a patient to a certain climate is very much like that which exists, or should exist, between a man and his wife. Just as

one man finds in his wife's character and disposition that which entirely satisfies his moral nature, while his neighbors, perhaps, can see no good in her at all; so one phthisical patient may thrive in a certain locality, while the next patient, with lungs in apparently the same condition, is never comfortable there, and suffers a continual deterioration in health.

It is this fact which renders the matter of choice of climate so exceedingly difficult. It is impossible entirely to determine the nature of what might be called *climatic idiosyncrasies* in patients. We are, therefore, obliged, in the choice of a climate for a patient, to follow certain general rules. First is to be investigated the individual susceptibility to cold and heat respectively. We must carefully inquire whether the patient is always chilly in winter, or whether he is exhausted and depressed in summer. It seems to me to be folly as well as cruelty to compel an anemic, emaciated individual, who is always chilly and whose circulation is feeble at the best of times, to spend a winter in a cold, bleak, windy, northern elevation. While the Adirondacks in winter are certainly of benefit to many, it would seem almost proved that they cannot but disagree with others; in fact, experience proves that they do. On the other hand, there are many patients to whom even the early spring warmth of Florida is invariably depressing, and who reap no benefit from sojourning there. It is, after all, hygiene throughout which we must keep in mind, and not merely the effect of a certain climate upon the lung alone, as though it did not belong to the body.

Another factor of some importance in selecting a locality is a knowledge of the *diurnal* range of temperature. The annual average temperature, and the average for each month, can usually be ascertained without difficulty for the more frequented health resorts, but the daily variation is not so easily to be learned; and yet it is on just this factor that the comfort of the patient may depend. A perfectly equable temperature is certainly of great advantage. Unfortunately it is not so apt to be found with dry air and elevation above the sea as it is at lower regions. Although elevation is, as a rule, much the most important, yet in some cases it will appear best to select the sea on account of the smaller diurnal temperature range.

Still another matter is the nature of hotel

accommodations and other creature comforts; and this has to be considered most carefully in reference to the individual. Though a strong man with beginning phthisis, which has had but little effect upon his general health, may do well if sent to a region where he will spend his days in the saddle and his nights in the open air; it is clear that, for women and many male patients, no such regimen can be prescribed.

Patients want to know all these and similar details before leaving home, and it is well if the physician can help them in this respect. In many cases, however, circumstances prevent more than the pointing out of a general plan of action; especially as the number of places recommended as health resorts in phthisis is so large.

Individuals, with beginning phthisis, who are unwilling to make a radical change, or in whose case the physician does not deem it expedient, might seek Florida in winter, returning northward in the spring by slow stages, stopping *en route* in Georgia and North Carolina. In the summer some mountain resort should be selected, preferably the Adirondacks. There are, nevertheless, weighty objections against this course. It is very difficult to return North without feeling the bad effect of the change of temperature; while a still greater objection is that the length of time, during which this continuation of travel must be persisted in, is too great for the patience of the invalid, thus kept so near home and occupation, and yet debarred from them. I have, however, seen cases, presumably of phthisis in its earliest stages, apparently entirely cured by a short absence from home in some such manner as this. It might be well in some instances to begin treatment in this way; but if the physical signs are well marked, only the shortest trial should be given to this plan, as valuable time may be lost thereby. These more advanced cases, if in fairly good condition, and offering good hope of final recovery, should at once be subjected to a radical change of climate—either for an indefinite period, or for life.

The question whether a station in the mountains or at the sea level is to be selected must be decided to some extent in accordance with the idiosyncrasy of the patient, as far as this can be determined in advance. As a rule, a mountain resort is far preferable and should be chosen whenever practicable. Statistics certainly show that the results in the mountains are better.

Our own country offers several excellent localities for phthysical patients. Of all of them perhaps the high altitudes of Colorado are to be preferred, since here can be found comfortable accommodations combined with pure, dry air and high elevation. In the "Parks" of this State we find table-lands of 10,000 feet elevation above the sea, protected by surrounding mountain peaks, and with an annual range of temperature less than in the Eastern States of the same latitude. Sudden diurnal changes do occur, it is true, but to no greater extent than in all elevated regions. The rainfall is, also, very slight. It has been stated that the dust prevalent as a result of this is irritating to the respiratory tract; but this is denied by those who have accurate knowledge in the matter. In spite of the thousands of phthysical patients who frequent the State the death-rate from consumption is very low.

New Mexico and Arizona offer somewhat similar advantages in the way of climate; but the facilities for living are not so great. The summers, too, are apt to be very hot. There are localities in Texas, too, which are excellent.

Southern California presents many advantages, not the least of which is that patients can easily vary their elevation from that of the sea level to a considerable mountain height, according to the different seasons of the year, and to what is found to best suit their health.

Florida is not so favorite a resort as formerly, and physicians preferring high altitude will not, of course, recommend it at all.

Phthysical patients in Europe can make choice from a large number of summer stations, all equally good, or can go from one to the other as fancy dictates. A winter one may be chosen in like manner. The passage from one to the other may be made gradually by means of intermediate stations whose climate is midway between that of the others.

Nowhere does the climatic idiosyncrasy come into play more than in the choice of quarters in Europe; what suits one patient for winter, for example, being entirely too rigorous for another. For summer time there is, as a rule, probably no better place than the high valleys of Switzerland, and prominent among these is the Engadine valley. This valley, however, is scarcely free from snow before the middle of June or the first of July, and becomes cold early in the fall; so that, as a pure summer resort, it is

not long tenable. It is also subject in summer to cold and disagreeable winds. In spite of this it is unexcelled by other localities for the climatic treatment of phthisis. Davos-Platz also enjoys a similarly good reputation. The neighborhood of Zermatt also fills the requirements of elevation and coolness during the hotter summer months. There is no difficulty in choosing among a number of other places equally well adapted. Lower valleys may be selected if the summer is unusually cool, but the higher elevations are much to be preferred, as far as freedom from phthisis is concerned. Farther east there are various resorts in the Dolomite region which are highly recommended. There are numerous other places throughout the mountains of Germany, but for American patients Switzerland and the Tyrol offer every advantage to be derived from climate, while they possess other desiderata not to be found elsewhere.

For early summer and early fall other localities than those mentioned are to be preferred. The choice of such a station is a rather more difficult matter. Some of the lower portions of Switzerland may be selected; as Interlaken, the neighborhood of Lucerne, and the shores of Lake Geneva. Probably the latter situation is the best. Vevey and Montreux form here excellent intermediary stations. Ischl and Reichenhall, in Austria, are also recommended, and the Black Forest, in Germany, presents many attractions. One station which offers in some respects peculiar advantages as an intermediary station is Meran, in the Austrian Tyrol. It is beautifully situated and sheltered from the winds; and patients are able to spend a great deal of the time in the open air.

Finally, as to the choice of a winter station. For weakly individuals who shun any degree of cold or variation of temperature it may not seem best to select an elevated station. For such the south of France, the south of Italy, Sicily or the Riviera, have long and justly been popular. Or the patients may pass from Europe into Egypt, Algiers or Morocco. But for uniformity of temperature and of barometric pressure there is probably no place known equal to the Canary Islands. Madeira, once so popular, has fallen off greatly in general favor. For a large number of phthysical persons a dryer, colder and more bracing climate at a greater elevation is more suitable, even in winter. For these Meran is eminently

adapted, provided only a moderate degree of cold is desirable. The sunshine here is always quite warm, and patients are able to sit out of doors in it the greater part of the day.

Still more popular have the Engadine valley and Davos-Platz become, even as winter stations. The cold, it is true, is severe, but it is dry cold, and the unpleasant, raw winds of summer are absent at this period of the year; while the thermometer in the sunshine registers high, as is usual in all climates of high altitude.

It is to be borne in mind as an inviolable rule, that such a climate is to be selected either for summer or winter, as will allow the greatest amount of exercise in the open air with the least discomfort to the patient, and with the greatest advantage to the general health.

What has been said is but the briefest and a necessarily incomplete outline for governing the choice of climate for the patient. A few words must be added on what might be called the choice of the patient for the climate.

There has existed a wide-spread prejudice against high altitudes in cases of decided tendency to hemoptysis. This prejudice is, in the opinion of the best authorities, unwarrantable. Patients with this tendency are perhaps even safer in the mountains than at the sea level. The cases most suited for climatic treatment of any kind—as, indeed, for any other method—are those with but slight infiltration, with but few symptoms of the disease, and with strength sufficient to permit of abundant exercise. These patients should, as a rule, be sent to high altitudes for summer, and very probably for winter also. Other cases with a greater extent of pulmonary lesion, and with a less degree of strength or of resistance to cold will probably need the lower, warmer winter resorts, followed by the intermediary stations, and these again by the highest elevations for the summer months. In a still more advanced stage of the disease, especially where there is much elevation of temperature with severe subjective symptoms, the patient is not in a condition to stand much traveling nor to take much exercise. In such cases cold situations are out of the question. A warm, equable climate is to be chosen, and the nearer home the better. If improvement take place a more mountainous locality should be sought as soon as possible. The existence of fever is

not, however, *per se* a contra-indication to high altitudes. It has often been observed that patients lose all fever soon after reaching the mountain resorts. Nor is the presence of a cavity a contra-indication in the selection of high elevations, provided the lung is not evidently rapidly breaking down. Cases which are very far advanced and evidently hopeless should not, of course, be sent away at all; for only a hastening of the final end of the disease can come to the patient, with disappointment to the family, and reproach to the physician. It should be further clearly explained to patients, in whatever stage the disease is, that change of climate is not an infallible cure, and, further, that with it must be conjoined all other necessary hygienic and dietetic measures, together with the employment of such medicinal agents as are indicated by the disease.

[The author would acknowledge his indebtedness to the writings of a number of authors, to whom no direct reference has been made in the text. Among these are the following: *Wanderings in Search of Health*, H. C. Taylor, 1890; *Phthisiology*, G. A. Evans, 1888; *Climate and Health Resorts*, Burney Yeo, 1890; *Treatment of Disease by Climate*, by Hermann Weber, in *Ziemssen's Hand-book of General Therapeutics*; *Etiology, Diagnosis and Treatment of Tuberculosis*, H. V. Ziemssen; Articles by Shattuck, Loomis, Solly, Westbrook, Platt, Gihon, Curtin, Knight, Bowditch, Bruen and others in the *Transactions of the American Climatological Association*; Ruehle, Article on "Consumption" in *Ziemssen's Hand-buch der spec. Path. u. Therapie*.]

PERMANENT OPENING OF THE DRUMHEAD AND THE ARTIFICIAL DRUMHEAD.

BY B. M. BEHRENS, M. D.,
CHICAGO, ILL.

It is the common belief that perforation of the drumhead is a final result of an otitis media, or tympanitis, and that the closing of the perforation is well-nigh impossible in most cases. This sceptic view is held not only by the medical profession at large, but also by otologists. Of this we can convince ourselves best in the otological text-books, where it certainly is mentioned, that the

perforated drumhead shows a vigorous effort at closing, or trying to close, but not a sufficiently vigorous one. The last resource is therefore the artificial drumhead, from the little cotton pellet to the rubber drum, that may in some cases bring a natural closure about by the continual irritating effect on the edges of the remaining part of the drumhead, but mostly is employed only with the view of improving the hearing and protecting the middle ear. It does improve the hearing very often, of course; but the protection of the middle ear is of so dubious a nature, that where it is possible to do better, it ought to be discountenanced. Where the perforation is of a large extent, the risks are less than in cases of small perforations, because we in the first cases can better master the ill effects that might be caused by the irritation of an artificial drumhead, but here also it is unquestionably the best policy to try to effect a closing of the perforation.

To dispel the existing scepticism, I have the pleasure of presenting some illustrations of cases that will explain the possibility of closing even large perforations better than words can do. Such cases are few and far between, for the reason that patients will seldom submit to a treatment lasting for months, not to speak of the uncertainty of the final result of the undertaking. In the course of several years, though, I have had so many good results, that I dare lay down the rule, from which there are very few exceptions, that any perforation of any size in the membrane proper can be made to heal up, provided the remaining part of the drumhead is not degenerated. I beg to remark that I speak of perforation in the membrane proper, and not of peripheral loss or defect, nor of perforations in the Schrapnell membrane. The secret of this rests in the fact that the drum membrane owes its great regenerative power to the elastic tissue in the membrane proper, while the Schrapnell membrane is entirely devoid of this tissue.

As to peripheral loss or defect, the difficulty of healing depends upon the fact that the bony part of the tympanic ring contributes a part of the aperture in the passage. Any effort to bring a natural closure about here is without avail, and the only resort for improving the hearing and protecting the middle ear is the artificial drumhead. The majority of perforations, though, are the concentric or excentric ones, either single or

double, or more numerous—and the more, and consequently the smaller, the more tractable they are. As the supreme question always will be, whether the hearing will be benefited by a closure, the artificial drumhead is applied as a test. For this purpose it is sufficient to apply a small cotton pellet in the opening, or—what is better still—a small piece of sticking plaster over the opening in the membrane. If by this the hearing is improved, there is no doubt about the benefit to be derived from a natural closing, but if the hearing is not improved we are not so certain of the reverse. Politzer, and many other authorities have laid down this rule. It must be taken with some allowance, as the result must depend on other circumstances, as, for instance, the duration of the existing opening and the possible changes in the middle ear. So also as to the question of seeking a closing where the artificial drumhead produces noises in the ear. It is very well for a text-book, but only there.

There is so much difference between an artificial drumhead and a natural closure, that results obtained by the first are not to be compared with those obtained by a natural closure, because only under this can the tympanic cavity with its mucous lining and chain of ossicles return to the same condition it had before the primary lesion took place. The artificial drumhead is a foreign body, whose irritating and pressing effect is too predominating to give us any correct idea as to the final effect of a closing. It is not out of place either to assume that a direct treatment of the tympanic cavity through the opening will and can do much good, while the closing goes on, if proper remedies are employed. If ill effects are obtained after the closing, as, for instance, impairment of hearing and noises that were formerly not present, the after-treatment will have to be directed through the Eustachian tube, with injection of proper medicines, or resort can be had to surgical interference to bring about a permanent opening again. In cicatricial tissue this is not a very hard task. But I must say right here that it is not likely that we will have to resort to these things if the first testing with closing the opening is carefully made. For this purpose I must recommend the sticking plaster again, as being more reliable than the cotton pellet, or what is generally understood by the artificial drumhead.

If a considerable improvement of the

hearing be produced by covering the entire opening with sticking plaster, my proceeding is as follows. The whole ear is first thoroughly cleansed with a Listerine solution, and dried with borated cotton. After this I apply a 5 or 10 per cent. solution of cocaine, and let it remain in the ear for some minutes, after which I apply the borated cotton again to dry up the whole meatus. Next I put a cotton plug, corresponding to the size of the opening, inside of this, to protect the inner wall of the tympanic cavity, and apply the galvano-cautery burner to the inner edge of the opening, only slightly, so as to cause a superficial eschar. This done, I remove the cotton plug and apply another soaked in glycerine and dusted with iodoform powder, on the opening. Outside of this I apply a piece of oiled silk, and cover the whole with borated cotton to make it all air-tight and, so far as possible, aseptic. By this packing, the membrane is continually kept in a warm, moist condition, which is of paramount importance, if we want a rapid healing to take place. This proceeding is repeated once a week until the opening is closed. Sometimes it is well to stop for a while and then take the treatment up again.

In some cases I have tried chloride of zinc and argentum nitricum, but the best and quickest results I have obtained with the galvano-cautery. Of course, it is to be used with care, so as not to produce a larger opening, and it must, therefore, not be applied again until reaction has ceased. If, by these means, closure cannot be obtained, then we must look for hindrances elsewhere. It is quite frequent that the manubrium mallei is drawn inwards on account of the weaker resistance of the perforated drumhead, or there is somewhere adhesion between the edge of the opening and the inner wall. In the first case, I divide the tensor tympani, so as to bring about relaxation of the drumhead, and in the other case I separate the adhesion and apply a piece of iodoformed cotton, to prevent renewed adhesion. It might be inferred that this procedure is not without its risks. I can only say that I have never met with any unpleasant effects from it, although I have practiced it for many years.

My excuse for bringing this view of mine to the notice of the profession must be sought for in the fact that what I regard as an easy affair, is generally considered by the medical profession as unobtainable. As a

rule, an old perforation of the drumhead is considered a final condition, and, therefore, it is left to the patient to find out for himself whether an artificial drumhead gives him any benefit or not. It may be that the patient falls an easy prey to the vendor of rubber drums, but the medical profession cannot regard this as a final victory. If the artificial drumhead would compare, for instance, with the correcting glass for a disturbed vision, it might rightly be suggested to let well enough alone; but there is no comparison, as the artificial drumhead sometimes endangers life, which the glass does not. Very often an acute otitis media sets in, produced by applying a soiled drumhead to such a delicate part as the tympanic cavity. Patients who are compelled to wear it for the sake of improving their hearing, may be ever so scrupulous in cleanliness, it cannot help but that some harm may be effected, because it concerns a locality which is not open to investigation and self-control, and we know for a certainty that it is never aseptic. Ignorance is bliss here, and has its analogy in the utter carelessness that is manifested by the laity in using the ear as a receptacle for almost anything with which to relieve an earache or the like. Resorting to the artificial drumhead as the *ultimum refugium*, puts a stop to further investigation as to altered conditions of the ear, brought about either contemporary with or after the primary lesion took place. By trying to close the perforation, we may probably do more good than the artificial drumhead can ever accomplish.

Last, but not least, there are a large number of our patients who, for the reason above mentioned, cannot and ought not use the artificial drumhead at all. I mean, children. To them it is an annoyance more than a benefit, and is, therefore, not much appreciated. The above mentioned lack of control makes the use of it especially dangerous in children, not only from their carelessness, but also from the weaker resistance to irritation in the tissues of a child's ear.

To prevent any misunderstandings, allow me to say that only perforations as sequelæ to an inflammation in the membrane proper, or in the tympanic cavity, are thought of, and not deeper or more serious lesions with destruction of the hearing bones, in which closing the aperture would only protect the middle ear, and would rather impair than improve the hearing.

CORYZA.¹

BY G. P. SARGENT, M. D.,

BRYN MAWR, PA.

Coryza is perhaps the most common affection from which we suffer, and the disorder itself and its accompanying ills are so distressing at times as to call for preventive and remedial treatment. It is an acute inflammation of the nasal mucous membrane, and is held by some to be synonymous with nasal catarrh; but I look upon catarrh as a more deeply seated disorder or at least an advanced stage of this "cold in the head"—this nasal blenorrrhoea.

It is commonly caused by a check of perspiration, or when there is no perspiration it is often induced by a current of cold air—not infrequently by inhaling cold air, as when one faces a sharp cold wind while driving. Cold feet and hands give rise to it at times, and a writer, in a well-digested article in *Chambers' Journal*, some time since, attributed many cases to a nervous disturbance. His paper was entitled: "The Nervous Origin of Colds," and in it he enlarged upon the fact that local irritation of nerves at the seat of the trouble or situated at a distance and acting by reflex influence, often produced coryza; and also upon the fact that it followed emotional excitement in some persons. Irritating vapors and dust frequently provoke an attack. A strumous constitution is especially susceptible; and there may be in some a hereditary predisposition. It is often present in measles and shows itself perhaps in its most formidable character in influenza. It may be epidemic; though it is not considered contagious.

The onset of the disorder is usually characterized by a sense of dryness of the nostril, with tickling and a great propensity to sneeze. The temperature of the mucous surface is reduced, to be subsequently elevated above the normal standard. The dryness and tickling are soon followed by a full flow of mucus. The engorgement is rapidly increased, and serum exudes, gradually becoming thick by the breaking down of epithelial cells and lymph corpuscles. There is a fulness of the head and dull and oppressive pain along the frontal sinus. The nerves of the region most affected being numerous and highly sensitive, the irrita-

tion, itching, sneezing and general discomfort become at times almost unbearable. In severe cases the eyes become suffused, the tear ducts are occluded, and smell and hearing are much impaired. In yet severer cases, as in hay-fever and influenza, the eyes become swollen and the skin of the upper lip and around the nose and eyes even sore from the irritation of the mucous discharge.

This is a most uncomfortable state of things, and one who suffers a severe attack is in a pitiable condition. Happily the disorder passes away in most instances in a few days, even without treatment, and thousands of patients pass through the several stages without check and without medical advice.

But, unfortunately, many apparent recoveries are only partial, and the inflammation is revived by a slight provocation, establishing a chronic catarrh, which every one knows is an obstinate, persistent and deplorable evil, interfering seriously with the entrance of pure air, and leading to debility, and either directly or indirectly to disease of various organs, and greatly vitiating the general tone of the system.

It is especially in hope of averting so serious a disorder as chronic catarrh that coryza should be treated at an early stage; since one who has suffered an attack and allowed it to take its course is more liable to suffer again, and by frequent visitations becomes debilitated and a prey to other forms of disease. For how can the blood be properly aerated if the breathing be interfered with?

We are not often called upon to give advice in cases of simple colds, the popular belief being that there is no way of cutting short an attack, and that it must have its course of a week or ten days. There are, however, remedies which, if employed early, relieve, in a night eight cases out of ten. Dr. Ferrier, of London, devised a snuff composed as follows:

R Bismuth subnitrat. ʒ vi
Morphine hydrochloratis gr. ii
Gum. acaciæ ʒ ii

This is mixed and reduced to a fine powder, and one-fourth is used in a day.

I think it would be improved if the acacia were left out. It might be further improved by adding a grain or two of aristol; but this is more especially suitable for use in the chronic trouble. Sidney Ringer thinks arsenic very useful when sneezing is a prominent symptom in coryza. It is certainly use-

¹Read before the Medical Society of Montgomery County, Pa.

ful at a later stage, and as a tonic; and atropia or belladonna is a good substitute as a remedy for this symptom, acting more quickly.

The following formula is excellent.

R Quininae bisulph. gr. xxx
Ext. belladonnae
Ext. nucis vom.
Ext. aconit aa gr. iv
Acid. arsenio. si. gr. ss

M. Et. ft. pil. No. xxx. Sig. One pill every four hours.

Another similar prescription is this:

R Quininae sulph. gr. xviii
Liq. potass. arsenitis ℥ i
Liq. atropinae ℥ i
Ext. gentianae ʒ i

M. ft. pil. No. xii. Sig. One pill every three, four or six hours.

In my own practice, I give at once morphia and atropia, making from one to twenty-four doses out of what is called a tablet triturate, now made by many druggists, containing one-sixth grain of morphia and one-one-hundred-and-eightieth grain of atropia, dissolving it in water—a dose every half hour, if required, according to the age of the patient and the stage of the disorder. The atropia counteracts any ill effect of the morphia, and usually prevents headache. It also tends to diminish the secretion of mucus very decidedly. Both together diminish the irritation, and calm the nervous disturbance.

Should headache arise from the morphia or otherwise, a cathartic may be required. This should be one that is speedy in its action, such as a Seidlitz powder, or the headache may be relieved by caffeine—notably with bromo-caffeine.

If a case of coryza presents itself at a later stage, when the mucous secretion has become thickened or dry, I have found a spray of equal parts of glycerine and rose-water useful, to thin the secretion, the spray being thrown into the nostrils at frequent intervals. Glycerine with spirits of camphor is also useful, introduced by means of a quill brush, as it does not mix well enough to be easily applied with an atomizer.

With the morphia and atropia for the first medication, and with the pills of quinine, arsenic and belladonna for later treatment, nearly all cases of simple coryza will be found to yield in a day or two; and these remedies may be placed within easy reach of persons subject to frequent attacks, and much trouble and subsequent disease will be averted.

VOMITING OF PREGNANCY.

BY ENOS T. BLACKWELL, M. D.,

CEDARVILLE, N. J.

Puerperal vomiting, when severe and protracted, tests to the utmost the endurance as well as the patience of the sufferer. She is obliged to bear not only the inexpressible horrors of the deathly nausea, but also the experiences and prescriptions of all her female friends. The domestic pharmacopœia exhausted, she may learn that the disheartening and weakening things she endures have been declared on high authority to be extremely beneficial to her, looking to the conclusion of her gestation. The suffering woman, who "beareth all things, hopeth all things, endureth all things," accepts the promised boon with such philosophy as she can muster; and may prove its truth or falsity, if she survive the dreadful loss of strength which attends the continuous and exhaustive vomiting, and the malnutrition which results; but the physician who is called on for relief should look beyond the phenomena exhibited by the stomach, and not content himself by attempting to placate that organ through remedies applied to it alone.

The reflex symptoms, which radiate from the pregnant womb, and which are largely due to conditions affecting its inner structure, may also originate from causes situated upon its exterior. Should the practitioner fail, in a rebellious case, to inspect the neck of the uterus, he might, while discoursing learnedly on the impossibility of removing the cause without destroying the fruit of the womb, and while devotedly applying remedies to the apparent seat of the difficulty, namely, the stomach, overlook a patent cause that admits of cure, both signal and speedy. If we are able to locate a cause upon the exterior of the uterus which is easy of access, and which may be successfully combated by remedies acting on well-known principles, we shall pursue a more scientific and rational method than if, satisfied of the internal origin of the reflex action, we try in succession the various drugs recommended, which are largely empirical.

Dr. Llewellyn Eliot, of Washington, D. C., whose therapeutic resources have apparently been directed to the effects of the uterine irritation as exhibited in the stomach (REPORTER, October 8, 1890), rather than to the cause, which may sometimes be sit-

uated at the cervix uteri, and in given cases may be seen by means of a vaginal examination, brings forward a number of cases in support of the internal use of tincture iodi, a remedy recommended by Prof. Laségue, and tested and endorsed by M. Darthier (REPORTER, February 8, 1890, from *L'Union Medicale*). This appears to be an excellent remedy for many cases, but time should not be lost with temporizing measures, and the patient allowed to drift into extremity before an attempt is made to allay the reflex symptoms by local applications to the neck of the uterus. Medicine by the stomach may be continued, if thought advisable. Two cases have come under my observation which illustrate and emphasize this view.

Case 1. March 4, 1886. Mrs. —, 28 years old, married, and one month advanced in her fifth pregnancy, had almost constant vomiting from the date of conception. Her experience in all her former pregnancies had been ceaseless vomiting for the first three months, and excessive salivation. She had been promised by her last accoucheur that relief would be afforded her in any forthcoming trouble of that kind. As related to me, I judged that the relief was to be obtained by destroying the fruit of conception. The husband, who called me, hinted at this procedure. I found the patient in an extremely discontented, despondent, and rather savage disposition. She was most forlorn from the incessant vomiting, and greatly dispirited because of lack of sympathy, and of any expectation of help. Her mental alienation and dislike of her husband were complete, and she abhorred his approach. I presented the claims of the intra-vaginal treatment as brought forward by Dr. J. M. Halbert, of Skipworth, Miss. (*Medical Bulletin*, Vol. v, p. 105), consisting of iodide of phenol, or nitrate of silver, fifty grains to an ounce of water, applied to the neck of the uterus. Being in despair, she was ready for any procedure that gave prospect of relief. Examining through the speculum, I found an erosion the size of a nickel five-cent piece upon one side of the cervix uteri, and applied the silver solution in the strength directed by Dr. Halbert. Very great benefit followed the first application. Two days later, the erosion was again cauterized, and cocaine, which had been found successful by Dr. Wm. Duncan in like cases (REPORTER, Vol. lvii, p. 65, from the *Lancet*), was also applied to the abrasion. By March 10, six

days from commencing treatment, the recovery was so great that she took a journey to a city ten miles away. The silver solution was reapplied on March 18, and on March 25—four applications in all. From this time the stomach resumed its healthful condition, the gestation being normal to the end.

November 22, 1890, I called upon this woman, whom I had not seen since attending her for the vomiting, four years and a half before. She informed me that she again became pregnant a year ago last March, and that the vomiting commenced immediately, with its accustomed atrocity. Her physician, it seems, had no knowledge of topical applications for subduing this horrible and rebellious infliction. The stomach, therefore, had to endure a round of remedies wondrous in their variety, but alike inefficient. For two months she was confined to her bed, and recovered only when the usual immunity succeeded at the end of three months.

Case 2. July 27, 1889. Mrs. McP., a young primipara, applied for treatment for puerperal vomiting. She was given the following:

R Potassii iodidi ʒij
Aque fʒiv

M. Sig. A teaspoonful in hot water, every few hours.

She was commended to pop-corn, and also, I think, to buttermilk, which figure in the list of empirical remedies. No relief having occurred, on August 2, I applied the vaginal speculum, and discovered an erosion similar to that in Case 1. An application of the silver solution, fifty grains to an ounce of water, having been made, great amendment promptly followed. So complete was the amelioration, that the patient did not desire further help. Before the month closed a diarrhoea came on, which resisted ordinary remedies, and persisted to the end of the gestation. Whether this was due to uterine irritation transmitted to the bowels, I know not. Its intractability would seem to indicate this.

She did, indeed, *think* that she had received some advantage from cocaine taken by the mouth; but, as its use was persisted in until the cocaine habit was formed, it is quite improbable that any benefit was derived from it sufficient to compensate for the danger incurred.

NEW YORK CORRESPONDENCE.

NEW YORK LETTER.

Contribution to the Pathology of Reynaud's Disease.—Removal of Hypertrophied Prostate.—Trephining for Epilepsy.—Total Extirpation of the Larynx.—Artificial Larynx.—Remarkable Case of Luxation of the Patella.—Chronic Cervical Adenitis in Children.

The holidays and the electing of presiding officers for the year, have somewhat hampered the scientific work at the New York Academy of Medicine. As of general interest in New York, however, since last report, may be mentioned a contribution to the pathology of Reynaud's disease, by Dr. G. W. Jacobus, read before the New York Neurological Society. He said that although a great deal had been written upon the subject of local asphyxia and symmetrical gangrene since Reynaud first drew attention to this disease, and very many new cases of the affection had been described, the knowledge at the present time of all of its features, except, perhaps, the purely clinical ones, was hardly any more advanced than it was at the time of Reynaud's writing. Etiologically we had in a certain sense made some progress, for now we realized that other causes than those which Reynaud believed to be the only admissible ones, might have a supplementary productive action. As it was recognized that the symptoms of local asphyxia and symmetrical gangrene were often due to unrecognizable states of disordered blood mixture, the author simply touched upon this point. He said that upon the question of anatomical nerve disease as a cause of symmetrical gangrene there could not be any uncertainty. That the nerves did exert a certain amount of influence upon the production of gangrene, either indirectly by affecting a contraction of the vessels, and thus suppressing the nutrition of the part (Reynaud) or by producing it independently of the vascular system, could not be denied. According to the assertions of Quesnay, section of the nerves was said to produce gangrene of those parts in which they took their course. This assertion had been made repeatedly since then, but the proofs were wanting on account of the impossibility of completely cutting through all the nerves of a part and leaving the arteries uninjured. On the other hand a clinical proof of this

dependence was found in the fact that gangrene of an extremity occurred, after ligation of an artery, more easily if the nerve had been injured than if this was not the case. As stated, in order to make a diagnosis of symmetrical gangrene in Reynaud's sense, we must be able to exclude gross nerve disease. This could not be done in many cases. The class of cases which the speaker dealt with were those which came under the caption of gangrene, due to pathological changes in the blood-vessels. It was a *sine qua non* for the diagnosis of Reynaud's disease that the lumen of the vessels should be free, and that their walls should be found in a healthy condition, so that vascular disease might anatomically be excluded as a causal agency in the production of this affection. If, with this in mind, we reviewed the various cases reported, we should find that although pathological examinations had not been frequently made, still in a number of cases in which this had been done, the condition of the arteries did not fulfill the required obligations. All cases of spontaneous gangrene, symmetrical or unilateral, would require careful attention and examination. In many cases we would be able to discover some local change in the arteries of the affected parts, while in others some general affection of the arterial system would explain the gangrene. Many cases would, however, always remain in which, no matter how careful the examination, no such explanatory conditions could be detected. There were still other cases, which in view of the fact that many of the so-called cases of Reynaud's disease were not symmetrical, and might be ascribed to nerve influence, which were better explained by the assumption of an obliterative endarteritis. It was well known that syphilis produced upon the arteries a periarteritis which gradually encroached upon their entire diameter, finishing as an endarteritis and thus narrowing or even totally obliterating the caliber of the vessel. It was also well known that many cases of spontaneous gangrene, resembling Reynaud's disease in every particular, were often due to such affection of the arteries. What was known about the symptomatology of syphilitic affections of the superficial arteries, as revealed by a study of the few published cases, was as follows: Two phases of the pathological changes found a clinical expression, and obliged us to differentiate a stage of induration, with preservation of the lumen of the artery, and one of obliteration

of the artery with all its consequences. In the obliterative stage we had symptoms of ischaemia progressing in extent according to the seat of the affected arteries and according to the difficulty encountered in the establishment of the collateral circulation; if the terminal arteries of the extremities were affected, the disorders would be very marked, consisting in oedema, slight cyanosis, reduction of temperature, and finally we might also have gangrene of the parts. If, however, small arteries were affected whose collateral ramifications could be replaced, then the symptoms would be transient or entirely wanting. From a consideration of the various data; from the nephritic as well as from the syphilitic cases; we were unavoidably forced to the conclusion that those authors who admitted that an affection of the small arteries, be this arteritis obliterans or other change, did produce a similar clinical picture to that found in Reynaud's disease, herein were right, but that these same authors were wrong when they contended that a differential diagnosis between the two affections could always be made. The points which were adduced by the various writers for the purpose of making this differential diagnosis were the following: Gangrene occurred in some cases of Reynaud's disease in places where endarteritis obliterans had thus far never been described. The lesion in many cases of Reynaud's disease was confined to the superficial layers of the cutis, and this never occurred in endarteritis obliterans; the absence of those etiological movements which produced vascular disease, as syphilis, absence of all palpable anatomical changes in the vessels; and finally, the occurrence of symmetrical gangrene in neuropathic individuals only. That these points were invalid and some of them erroneous became clear when we considered that it was probable that arteritis obliterans occurred in the vessels of the skin, a condition which had been pointed out by Klotz and Hutchinson. From these facts we were justified in concluding that the differential diagnosis between Reynaud's disease and anatomical disease of the arteries could, in many cases, not be made intravital, or in other words, many of so-called Reynaud's disease were really cases of arteritis.

Before the Surgical Section, Dr. R. F. Weir showed a middle-aged man from whom he had removed a hypertrophied median lobe of the prostate gland. The patient had been for a long time in the habit of using a cath-

eter, which had at length broken, leaving a portion of it in the bladder. Symptoms of stone had subsequently developed, for which the speaker had performed supra-pubic section, and had extracted from the bladder a good-sized stone, of which the broken catheter had formed the nucleus. On illuminating the interior of the bladder he had discovered a projection enlargement of the prostate gland which he had removed. The resulting hemorrhage had been checked by lessening the pressure of the water bag distending the rectum. The bladder was then packed with iodoform gauze. The case had gone on to a complete and satisfactory recovery, with entire restoration of the normal functions of the part. In the event of his having to do this operation again he should make use of the tonsillotome in preference to any other cutting instrument, in removing the glandular enlargement.

Dr. A. P. Gerster said that it was not always the cases of operative interference of the prostate gland which were as successful in their issue as that reported by Dr. Weir. Half the patients in whom the middle lobe was removed did not recover to such a degree. This was due to the fact that the contractile powers of the bladder were gone. The removal of the lobe could not restore the muscle. The operation was not always a proper one, and great judgment was called for in the proper selection of suitable cases.

Dr. Weir also presented a man fifty years of age, who had suffered for a number of years with frequently recurring epileptic attacks, resulting from a depressed fracture of the skull. A primary operation had been performed which had been of direct benefit, but as the patient complained of constant pain, a second one was undertaken, in which a very extensive flap was raised, and three buttons of bone removed. These were replaced and the interstices filled with bone chippings. The result of this part of the procedure was good, firm union with the exception of a small point of softening at which pulsation could be felt. The epileptic seizures had been reduced from several each day to about one a month, and the patient was able to attend to his business. This was the usual outcome of all operations for epilepsy of this character, improvement might be looked for, but very seldom cure.

Dr. Robert Abbe thought in the class of epilepsy to which reference had been made repeated trephining was likely to be of direct benefit. He had operated upon a case

about a year ago and had relieved the patient from an impending condition of insanity in which there had been half a dozen maniacal seizures a day. It had been six months before a recurrence had taken place. The patient was then put in an asylum. Repeated operation might have been of signal utility in this case.

Dr. Willy Meyer exhibited a patient sixty-five years old, upon whom he had recently operated, removing the entire larynx, for epitheliomatous growth. The man was now wearing one of Gussenbauer's artificial larynx tubes. As this had only been in place fourteen days, the patient, although already able to articulate and make himself understood, could not do so as well as he undoubtedly would, by reason of the non-closure at present of a small part around the tube, with some escape of air. The speaker thought that the larynx he had adjusted would amply meet the needs of a patient of this age.

Dr. Townsend then presented quite a remarkable case. He placed a young colored girl in a chair upon the platform and baring her left knee he stated that she had suffered from what was said to be congenital dislocation of the patella of that joint. As she grew up the patella would become spontaneously dislocated either on one side or the other whenever she attempted to run. But this was not all, she was capable also of causing dislocation by voluntary muscular effort. As she had been for some time under treatment this power was lost as to the inner side. He then directed the girl to effect the dislocation, when to the astonishment of everybody, and apparently without the slightest effort, she shot the patella to the outer side of the joint, bringing it back into position, repeating the performance at will.

Before the General Session, Dr. A. Jacobi, in a paper on chronic cervical adenitis in children, said that the frequency of the morbid changes in the lymphatics was explained by the large amount of cells which formed the bulk of their structure. They were still similar to the embryonic cells, increasing and proliferating as rapidly. Therefore, tumefactions were brought about very readily. As an intricate network of blood-vessels penetrated their follicular substance, they might undergo morbid changes through the intervention of the blood. When the latter was the cause of disease, the whole system of lymphatics was likely to

be affected simultaneously. This was, however, rare. In the majority of cases only groups of lymphatics, or single lymph bodies, were affected. The cause of the disease must be looked for in the circulating lymph which, both in normal and abnormal circumstances, was retained and filtered in the lymphatics. These were, not open tubes, but a fine network of cavities lined with endothelium. Foreign bodies of any description floating in the lymph were there retained and underwent changes. There were also chemical changes in the lymph itself which would irritate the lymph body and provoke disease. Thus it was that most of the morbid changes of the lymphatics were secondary in character. Such changes were almost always the result of, or complicated with hyperæmia and inflammation. The lymphoid cell constituents increased in different ways. Leucocytes were retained in large numbers, lymph-cells floated in, a subdivision took place, and the endothelia and cells were changed into similar or equal organic particles.

This condition might undergo restitution, or a lymphatic induration might take place through nucleæ proliferation in the stroma, and again suppuration or necrosis might occur. The fibrous induration was the more frequently met with in the bronchial, tracheal, mesenteric, axillary and inguinal glands than in the cervical. In the inguinal it was very common and was frequently met with in this region without any morbid symptoms. This change exhibited often a chronic character from the beginning. The glands were not always enlarged, but were white and hard on section, with thickened capsule, the cellular substance seemed to be diminished and the gland appeared to consist more or less of connective tissue only.

The suppurative change might be confined to the gland, at least temporarily, or the neighboring tissues participate in the process at an early period. Small abscesses originated mostly in the follicular substance, might prove confluent so as to form larger abscesses and finally burst or were incised. Recovery took place by a shrinking process, by cicatrization, by the formation, when the larger lymphatics were injured, of a fistula, sometimes accompanied with lymphorrhœa, or by dessication, or caseation, or calcification. This was the second form of chronicity. The third form of chronic adenitis was the caseous, which generally occurred under the influence of scrofulous

or tuberculous predisposition. It was usually found in the cervical, bronchial and mesenteric glands.

General infection of the glandular system might act through the blood as in any putrid and septic invasion, in anthrax, lepra, leucocythemia and pseudo-leucocythemia, under the influence of Koch's lymph, in syphilis, and in enteric fever. In the two latter, the local irritation resulted in local glandular affection, by preference. Still more local was the action of the diphtheritic virus. The majority of cases of adenitis owed their existence to a local influence. In many instances the study of the origin was single, in others, particularly in cases of long duration, the connection of chronic adenitis with its original source was no longer traceable. In a child, therefore, of advanced years, and the adult, the history of chronic cervical tumefaction might be quite obscure, in the infant and young child the elucidation of the etiology was generally simple. The best protection against adenitis in any of its forms was the preservation of good general health and the absence of any breaks in the integument. Traumatisms, insect bites, erysipelas, and so on would start an adenitis directly. Pediculi, eczema, or impetigo capitis would do the same thing, heal these, and, contrary to the public prejudice, most of the glandular noduli and nodi would disappear. Among other common causes given by the speaker were many of the ear and eye troubles, various forms of zoster, fever blisters and so on. Any condition interfering with the healthy state of the mucous membrane might give rise to adenitis. This was especially true with regard to the nose and naso-pharynx. Boring at the nose, from reflex intestinal irritation by worms, was likely to set up a chronic adenitis. Simple douches of salt and water were the best treatment for these nasal irritations. There was no better illustration of the way an adenitis would come and go in the presence of proper treatment than in nasal diphtheria. As fast as the glands swelled, just so rapidly would they diminish under the influence of cleanliness and disinfection, while, if not so reduced, their infection would lead to death or chronic changes. Cracked lips permitted the invasion of microbes and the development of adenitis. Epithelioma, stomatitis of every form, the denuding of the surface by a burn, or by hot food, were all causative. Abrasions of the surface of the tongue through

catarrh or inflammation, or the surface lesions of infectious diseases might all provoke adenitis. Drugs would also produce the same effect. Chronic bronchitis resulted in swelling of the mediastinal glands; their intimate connection with the lower tier of the cervical affected these. This observation could be made in the chronic bronchitides of the tubercular and rachitic babies in many instances. Acute pulmonary diseases exhibited similar results. The vaso-motor changes of the face, its flush lasting for days, generally unilateral, on the side of an acute pneumonia were well known, not so commonly known, however, as the tumefaction, of cervical glands in cases of pleuro-pneumonia of the upper lobe. This disease had an immediate influence upon the intra-thoracic lymph-bodies adjacent to the apices, and through them on the subadjacent cervical lymph-bodies.

While touching upon the question of diagnosis, the speaker said that the sensation of fluctuation in glandular swellings was often misleading. Large glands might be mistaken for sarcomata and *vice versa*. These latter pseudoplasms yielded a peculiar apparent fluctuation, though there might be no cystic complication. This semi-fluctuation was almost characteristic for sarcomata in every region. It was always a difficult thing to determine the presence of pus during the stages of initial softening. Still less was there absolute certainty in every case of the presence or absence of a malignant nature in a large glandular swelling. This difficulty was made very apparent by the variety in the morphological diagnosis by the morphologists. The gradual increase in size, however, of a tumor, without softening, spoke for the probable malignancy of the growth. The presence of more swellings of the same character on other parts of the body, might prove the existence of Hodgkin's pseudo-leucocythemia, and the same with enlargement of the spleen or liver and the characteristic changes in the blood might indicate leucocythemia.

—At the Eiffel tower a steel ball weighing 211 pounds is, by a bronze wire 380 feet long, suspended from the second platform, and allowed to swing near a layer of sand. Under the ball is a style tracing a mark in sand at each oscillation. The apparatus serves as a popular demonstration of the earth's rotation.

PERISCOPE.

Simple Medication for Children.

Under this title Dr. Charles Warrington Earle, of Chicago, made some admirable remarks at the meeting of the American Pediatric Society last year. From the report of his paper in the *Archives of Pediatrics*, January, 1891, the following extracts are presented.

I believe in medication always, when needed, but at the same time belong to that class of physicians who believe it quite as much my duty to say to people, "You need no medicine whatever," if such be the case, as to prescribe a heroic dose when it is indicated. When, however, good diet, a better hygiene, more air and sunlight will not suffice to save, and it is necessary to give medicine, we owe it to our patients, especially our little patients, to prescribe a drug or drugs so that they shall be cured not only quickly and safely, but, if possible, pleasantly.

In the first place, many cases to which we are called need no medication whatever; that is especially true of first visits. There is a little irritative fever, a slight indigestion, a trifling nervousness, a few more bowel movements than usual, or the mother simply imagines in her solicitude that the baby is threatened with something. Many conditions similar to these are frequently seen, and they will recover—correct themselves without medicine; indeed, better without than with medicine. The diagnosis is frequently made by a parent, and the doctor is summoned to prescribe for a fever or for malaria, or for worms, and before he sees the little patient he has devised a combination of drugs for it. Something to reduce the pulse; to correct the secretions; something to regulate the excretions. How much better it would be for this little one to give it nothing, for in many cases the patient will be entirely well in a few hours.

I do not advise against the administration of medicines when they are indicated; I know that by the judicious use of a drug, or drugs, diseases may be modified, a convulsion possibly averted. But the indication for its use should be clear—we should not give a drug simply to make a show of prescribing.

In the second place, when a single drug is indicated, we find in many cases too many prescribed, and a child's appetite destroyed and its nutrition impaired by the procedure.

This does not apply to diphtheria, or any other disease which, at times, is local, and should be combated with vigor and promptness and frequency in order to keep it from becoming a general disease; but it does apply to that vast category of complaints where it is absolutely necessary to improve nutrition.

Again, take the eruptive fevers during the first stage: why give a little aconite or belladonna to reduce the fever? We want some fever; we all prefer a temperature of 102° to one at 98°. Why unload the portal circulation and, in so doing, probably irritate to a greater degree the already irritated mucous membrane of the alimentary canal? Look out for the throat in scarlet fever, which here will give more trouble than any other organ (excepting possibly the kidneys), and for the lungs in measles. This should, it occurs to me, be the rule in general. Do not waste time and annoy the patient by doctoring a symptom; attack the disease.

And then in convalescence—how much it is retarded by the reckless administration of drugs. After a baby has passed through a fever, or some disease of the lungs, it does not need something to act on its liver or kidneys, or to clear up its tongue which is quite frequently normal when a little coated, or some alkali to correct a fancied acidity; but it does need something to eat, and it can't eat as long as the stomach is filled with nauseous medicines. This condition is well illustrated by a case I saw late in the year 1889. The child, around whom all the love and devotion and nonsense of a young father and mother clustered, had the "grippe." Its temperature had been rather high and the bronchial catarrh really severe. The attending doctor had diagnosed pneumonia, and for this I was summoned. After a few days it began to convalesce, and I left it with the understanding that some restorative medicines, probably the hypophosphites with a little pepsin and possibly a minute dose of tincture of nux vomica, was to be administered. In two days I was recalled and was informed that the appetite was poor, the pupils dilated, the head was being thrown from side to side, and the doctor and parents were sure that cerebral congestion, if not meningitis, was present. By actual count that child was taking nine different drugs, hardly one of which was indicated. It was having bicarbonate of sodium, iodide of potassium, muriate of ammonia, tincture of aconite,

tincture of belladonna, tincture of camphor, and a little opium, submuriate of hydrargyrum, to which should be added camphorated oil externally, supplemented and strengthened by a plaster of belladonna ointment. Is it any wonder that that child could not eat, that its pupils were dilated? The wonder to me is that it was alive. I solemnly declare that I have been more alarmed for fear that some doctors would kill their little patients with drugs than that the cases would terminate fatally from the disease.

We now come to pleasant medication. Of course, this is not, by any means, an easy task; sometimes it is impossible without sacrificing the usefulness of the drug. 'With care, however,' we can do much; we can avoid prescribing large mixtures, can stop giving tablespoonful doses, and, in many instances, give our tinctures in water. Happily the custom of ordering four, six and eight ounce bottles of medicine has nearly ceased. It should be stopped entirely, except in those cases where tonics and cough-mixtures are given, when it is necessary to see a patient but seldom. In acute sickness it is usually quite all that is needed to prescribe one-ounce and occasionally two-ounce mixtures. In the administration of most of the tinctures, particularly aconite, veratrum, digitalis, as well as Fowler's solution, etc., where the dose is from a fraction of a drop to one or two drops, it is best for the young physician to carry the drug and measure out enough at each visit for the coming twenty-four hours. This gives a pleasant medicine, and it is also economical, and to young practitioners it is a custom which will make them friends. It is good practice, too, for physicians to always be ready to give the first dose of medicine; it may not be much, but it convinces the people that you are ready for emergencies; this I say more particularly to those young in the profession.

With a little care we can treat a case running through several days, if not weeks, with but little display of drugs. Nothing makes the people appreciate the expensiveness of a doctor so much as, at the end of two weeks' sickness, having a tableful of bottles partly emptied. And nothing disgusts the patient to such an extent as to witness the doctor every morning commence to write his usual two or three new prescriptions; a part only, at most, will be taken, the remainder to go to make up the tableful, which is to be removed at the conclusion of the sickness.

Detection of Biliary Matter in Urine.

The American Druggist, December, 1890, says that according to Dr. Adolph Jolles, of Vienna, who has made a comparative study of the various bile reactions so far proposed, the most reliable tests are those proposed by Rosenbach and by Huppert. Rosenbach's test is as follows: A piece of filtering paper is wetted with the filtered urine, and a drop of nitric acid then applied to it. Colored rings will form about the drop of acid.

Huppert's test: Precipitate the urine with milk of lime. Exhaust the precipitate with alcohol containing sulphuric acid, and apply heat. A green color is developed.

Dr. Jolles has found that both tests are capable of improvement. In the case of Rosenbach's he recommends the following modification: Filter a large quantity of the urine to be tested through pure, white filtering paper, then apply to the inside of the filter a drop of concentrated nitric acid containing some nitrous acid, and slowly pass the funnel containing the filter three or four times over a Bunsen burner. After a few minutes observe the rings which will have formed around the drop. If they are colored green, bile pigments are present. The application of a gentle heat reveals even traces of these pigments. The bright-green ring shows the presence of biliverdin.

The reliability of Huppert's test depends mainly upon the strength of the milk of lime. As the author of the test failed to specify it, Dr. Jolles made experiments, and found that the most suitable strength was about 1 per cent—that is, a milk of lime containing about 10 grams of lime in the liter of water. The test is best performed as follows:

About 8 to 10 c.c. of the urine are mixed with an equal volume of the milk of lime, the mixture is shaken, and the precipitate separated by filtration.

So far the *American Druggist* describes the test correctly. For the rest, we give the statement to the *REPORTER* of Dr. John Marshall, of the University of Pennsylvania. Dr. Marshall says:

"The precipitate from icteric urine is yellow, from normal urine it is white; and from urine containing chrysophanic acid, it is rose-red. The precipitate is now placed in a beaker and boiled with alcohol containing a couple of drops of dilute sulphuric acid, and then the mixture is filtered. In case biliary coloring matter is present, a

beautiful green coloration is imparted to the liquid; while from normal urine the liquid remains colorless and in the presence of chrysophanic acid it becomes orange-yellow."

Leprosy in Colombia.

An official report on the rapid spread of this disease is contained in a recent number of the *Revista de Higiene de Bogotá*. It is the result of systematic medical inquiries throughout the Republic regarding the causes and phenomena of the disease by the Central Junta of Hygiene of Colombia. The propositions of this medical commission are of interest in respect of the primary steps of relief that will be recommended to the executive and legislative departments of the government: 1. To solicit the next Congress to pass a law providing for the isolation of individuals affected with leprosy and elephantiasis. 2. To establish a special tax to defray the expense of observing the method of propagation of the disease and for the erection and maintenance of lazarettos; and to include this tax in the central budget of the government. — *New York Medical Journal*, December 6, 1890.

Sunflower Plantations as a Prophylactic against Malaria.

In the *Vestnik Obshtchestvennoi Higieny, Südebnoi i Prakticheskoi Meditsiny*, September, 1890, p. 104, Dr. I. D. Imüidzinovitch, of Kopal, Semiretchîë, issues an emphatic appeal in favor of an extensive cultivation of the sunflower (*Helianthus annuus*) in malarial regions. The author's observations fully confirm the statements by Maury, Van Alstein, Martin, Valentin and A. Stüpin, according to which the beautiful plant possesses an extraordinary power of draining a malarial soil, absorbing and destroying the malarial miasms and thus preventing marsh fevers. He adduces the following facts which certainly deserve every attention of sanitarians. The Kopal district, in which he practices, belongs to typical abodes of endemic malarial fevers. In certain villages, however, inhabited by Ukraine (South-Russian) emigrants who extensively cultivate the sunflower for industrial purposes (for obtaining the sunflower oil, which is largely used as a food article all over Russia) malaria is almost unknown—and that notwithstanding the circumstance that the said villages are situated in exceedingly low and

marshy localities. Meanwhile, in all other parts of the district—including all settlements in the neighborhood, inhabited by Cossacks who do not cultivate the sunflower, but otherwise live under exactly the same conditions as the Ukraine planters—marsh fevers of all varieties are raging to an appalling extent.

Treatment of Erysipelas.

The Lancet, January 10, 1891, says that an elaborate research, clinical and bacteriological, has recently been published by Professor Nussbaum's assistant, Dr. Julius Fessler, on the treatment of erysipelas by ichthyol, a plan which has been for some years extensively adopted in Munich. From laboratory experiments it was evident that, though ichthyol has only a slight effect in preventing the development of staphylococci, it has a very potent deterrent influence on the multiplication of streptococci, and it is well known that it is the latter kind of bacteria that are the cause of erysipelas. The method of treatment consists mainly of rubbing a strong ichthyol ointment energetically, and for ten minutes at a time, into the affected surface and in its neighborhood; ichthyol in the form of pills may also be given internally. Where there is a wound it must be very carefully disinfected, and an antiseptic dressing applied. The results of this treatment as compared with ordinary methods are embodied in several instructive tables. From these it appears that while the mean duration of the cases treated by other methods from 1880 to 1888 was about twelve days, in no single year falling below nine days, the cases treated by ichthyol from 1886 to 1888 presented a mean duration of under seven days, while in the first half of 1889 it fell to 5.6 days.

Resection of the Liver.

On December 8, Professor Iginio Tansini, of Modena, performed total extirpation of a hydatid cyst of the liver, at the same time excising a portion of that organ. There was very free hemorrhage from the large cut surface of the liver, which was controlled by catgut ligatures. The wound in the liver was closed by means of sixteen sutures, partly silk, partly catgut. The operation was followed by no rise of temperature, and the patient (a woman) was quite well in less than a fortnight. — *British Med. Journal*.

Feb. 14, 1891.

Editorial.

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CHARLES W. DULLES, M. D.,
EDITOR AND PUBLISHER.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

VARICES OF THE OESOPHAGUS.

Vomiting of blood is a common symptom in cirrhosis of the liver. Most writers on the subject ascribe it to capillary oozing, while some, as Bartholow, have met with ulcers opening into veins near the pyloric orifice of the stomach. In a number of cases, however, no lesion has been discovered *post-mortem* to account for the hematemesis that occurred during life. It is asserted by Mr. T. Stacey Wilson and Mr. J. R. Ratcliffe, in a paper on Oesophageal Varices as a Cause of Hematemesis in Cirrhosis of the Liver, published in the *British Medical Journal*, December 27, 1890, that a varicose condition of the veins of the lower part of the oesophagus is a very common cause of hematemesis in cirrhosis of the liver. When one bears in mind that the oesophagus is not usually examined at autopsies, the fact that comparatively few cases in

which this condition has been found have been reported is easily accounted for, and does not militate against the assertion referred to.

It is well understood that, as the liver shrinks through the contraction of the interstitial tissue which characterizes cirrhosis, the radicles of the portal vein become narrowed and even obliterated, the result of which is dilatation of the portal vein and its sources. Now the blood which is thus prevented from passing through the liver must seek some other channels by which to reach the vena cava and the heart—the collateral circulation becomes dilated to accommodate it. The nature of the circulation around the lower end of the oesophagus, as Mr. Wilson and Mr. Ratcliffe say, is such as to admit of an intercommunication between the blood and the portal vein, on the one hand, and that of the general systemic veins on the other. For the veins of the cardiac end of the stomach belong to the portal system, while those of the oesophagus belong to the system of the azygos and interior vena cava. Thus the capillaries in the mucous membrane at the cardiac orifice of the stomach are continuous with both systems. This can be proved by means of injections. Now the blood from the cardiac end of the stomach is normally carried to the liver by the coronary vein; but when the passage of portal blood through the liver is hindered, the blood finds an escape through the oesophageal plexus of veins formed by the coronary and the vasa brevia of the splenic vein—and there is, therefore, to a greater or less extent, a reversal of the normal flow in the veins mentioned, but mainly in the coronary vein. From the oesophageal plexus the blood finds its way to the heart through the left inferior phrenic vein, which opens into the left renal, and so it goes into the inferior cava; and through a number of small veins which run on the surface and in the substance of the diaphragm, and enter the cava as it passes through the diaphragm.

The oesophageal plexus already mentioned

is external to the muscular coat of the œsophagus, but there is another plexus beneath the mucous coat, which also becomes enormously dilated under similar conditions, and is of more clinical significance than the former. But enough has been said to show how these veins at the lower end of the œsophagus become dilated and so help to relieve the congestion of the portal system and prevent dropsy. It only remains now to mention, very briefly, that Mr. Wilson and Mr. Ratcliffe report five cases which tend to prove that hematemesis in cirrhosis is produced by ulceration of one of these varicose veins. In three of the cases in which hematemesis occurred, and in one of melæna, there were three that showed distinct ulcers into the veins before injecting, and in the fourth there was an erosion over a thrombosed vein.

In the fifth case there had been no hematemesis and no melæna, and the most careful examination failed to show any ulceration. Ascites was absent in the cases which showed the most marked varicosity.

To complete this subject, as far as it can be completed at present, we must refer to an extremely interesting and beautifully illustrated paper by Dr. Maurice Letulle, in *La Médecine Moderne*, November 20, 1890. This author maintains that cirrhosis of the liver is not the cause of varices of the œsophagus, but that this condition is secondary to the effects of alcohol on the veins which first receive it—the mesenteric and their branches. These become chronically inflamed, thrombosis occurs, and subsequent dilatation of the collateral circulation, including the œsophageal veins. A case which seems to bear out the view indicated is reported, and a very complete summary of the literature given.

Whether varices of the œsophagus are secondary to a cirrhosis of the liver or to an alcoholic phlebitis of the veins forming the portal system, probably cannot be decided now. But as there is no dispute that the hematemesis which occurs in these cases is from dilated veins, the impropriety, from a

therapeutic point of view, of attempting to check the bleeding by giving ergot and other agents which constrict arterioles and thus force more blood into veins, becomes manifest. Nitrite of amyl, as suggested by Dr. Saundby, would meet the requirements much better, through its action in dilating arteries and so permitting less blood to pass into the veins. It is evident, also, that the œsophagus must be kept at complete rest, all efforts at swallowing, even of fragments of ice, being prohibited.

EXPLORATORY PUNCTURE OF THE FEMALE PELVIC ORGANS.

In years gone by, when the mortality of abdominal section as then performed was enough to appal even a stout heart, the necessity of making an absolutely exact diagnosis was far more important than it is at the present time. Then the advantages of a proposed operation had to be weighed in the balance against a prospective mortality of seventy-five, fifty, or finally twenty-five per cent. Hence it was justifiable to operate only for conditions in themselves necessarily fatal, and to select the most favorable cases. The use of the aspirator was considered to be a most desirable way of differentiating between various pelvic growths. Experience showed, however, that the information gained by the use of the aspirator was often far from satisfactory, and that even after its use a positive diagnosis was often impossible. Moreover its use was not free from danger. With the introduction of modern aseptic surgery, the danger attending simple exploratory abdominal section became so slight that surgeons have employed this method of diagnosis in obscure cases, affording as it does at the same time an opportunity to effect a cure. Exploratory puncture has fallen more and more into disrepute—being regarded as an uncertain method of diagnosis at the same time being more dangerous than exploratory abdominal section.

At a recent meeting of the New York Academy of Medicine, Dr. G. M. Edebohls read a paper in which he gives his experience with exploratory puncture of the female pelvic organs, and attempts to make the method again popular with the profession. He prescribes an elaborate technique: full antisepsis, outlining and fixing the mass to be punctured, and puncture with the aspirator syringe from the abdominal surface. Seventy cases are reported in which the method was employed without untoward results. The author advises that the method be used only by the expert, lest harm rather than good result. In the discussion, in which Coe, Dudley, Boldt, Murray, Jewett and others took part, the method met with decided opposition on the ground that it is a question whether it is right to expose a patient to the danger of puncture of the intestines, with consequent peritonitis and probably death, where it is possible to secure such good results from abdominal section if a diagnosis cannot be made without an exploratory operation of some kind. This opinion is undoubtedly in accord with the sentiment of to-day. If it be possible to so outline a mass as to be able to fix it with the examining fingers for exploratory puncture, it should be possible to form an intelligent opinion as to its nature. It is the "masses" which cannot be outlined, definitely, and which consequently are not adapted for exploratory puncture, concerning which there will be the most doubt; which doubt, in proper cases, must be cleared up by abdominal section. Finally, it is to be hoped that the method proposed by Dr. Edebohls will never become popular, as its possibilities for harm far outweigh its possibilities for good.

ATLANTA MEDICAL AND SURGICAL JOURNAL.

In its January issue the *Atlanta Medical and Surgical Journal* expresses the great pleasure with which it appears before its readers free from "inserts," or pages of

advertising interspersed among its pages for scientific matter; and the *REPORTER* expresses also a pleasure that so admirable a contemporary has thus emancipated itself. The scientific and ethical standing of the *Atlanta Journal* is so high, and it has been such an exponent of honest medical journalism, that we congratulate it and the section of the country which it represents upon the improved appearance and more satisfactory standard to which it has advanced.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the *REPORTER*.]

THE PRACTICE OF MEDICINE; OR, THE SPECIFIC ART OF HEALING. By I. J. M. Goss, A. M., M. D., Professor of the Practice of Medicine in the Georgia Eclectic College of Medicine and Surgery, etc. 8vo, pp. xxix, 569. Chicago: W. T. Keener, 1888. Price, \$5.00.

We find it difficult to review this book and do full justice to our readers and to Dr. Goss. The latter appears to think that remedies should be prescribed according to the pathological indications in each particular case. "The old rule of treating disease by name . . . has," he says, "proved a blighting curse to the unfortunate sick." He is also a believer in the doctrine that there is a direct or specific affinity of remedies for certain organs, tissues or parts. He seems to believe, to some extent, in Hahnemann's law of similars, but he refers to the latter's belief that dilution rendered medicines more potent as "the vague chimera of this great man."

The actual value of the book, judged by the scientific standards of the day, is not great. It is scarcely more than a compend, in which diseases are not grouped in an orderly manner, and in which undue prominence is given to mere symptoms. For example, the title of Chapter IX is "Fever: the Exanthemata," and the first disease considered is "Malarial Hæmaturia." Whooping-cough is considered under diseases of respiratory organs, impotence under diseases of the testes, and spermatorrhœa and "onanism" (so Dr. Goss mis-calls masturbation) under diseases of the prostate. The author, as was to be expected, devotes most space to treatment. The value of many of his remedies we cannot pretend to speak of, but we fear some of his statements must be accepted with caution. In speaking of the treatment of phthisis, he says that, in 1862, he gave to a patient who was bed-ridden and in the advanced stage of phthisis, "the larger portion of both lungs" "filled with tubercles," hypo-phosphites, ptelia and euonymus. The patient is said to have mended from the first week or two, finally recovered, and to be now a "living monument" of the efficacy of the above remedies. Dr. Goss adds that he has recently treated several cases with like success. It may be that his diagnosis was wrong, or that in the lapse of years his memory has made the gravity of the case appear greater than it really was.

The character of the book is perhaps well illustrated by the section on diabetes mellitus, which occupies

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therapeutic point of view, of attempting to check the bleeding by giving ergot and other agents which constrict arterioles and thus force more blood into veins, becomes manifest. Nitrite of amyl, as suggested by Dr. Saundby, would meet the requirements much better, through its action in dilating arteries and so permitting less blood to pass into the veins. It is evident, also, that the œsophagus must be kept at complete rest, all efforts at swallowing, even of fragments of ice, being prohibited.

EXPLORATORY PUNCTURE OF THE FEMALE PELVIC ORGANS.

In years gone by, when the mortality of abdominal section as then performed was enough to appal even a stout heart, the necessity of making an absolutely exact diagnosis was far more important than it is at the present time. Then the advantages of a proposed operation had to be weighed in the balance against a prospective mortality of seventy-five, fifty, or finally twenty-five per cent. Hence it was justifiable to operate only for conditions in themselves necessarily fatal, and to select the most favorable cases. The use of the aspirator was considered to be a most desirable way of differentiating between various pelvic growths. Experience showed, however, that the information gained by the use of the aspirator was often far from satisfactory, and that even after its use a positive diagnosis was often impossible. Moreover its use was not free from danger. With the introduction of modern aseptic surgery, the danger attending simple exploratory abdominal section became so slight that surgeons have employed this method of diagnosis in obscure cases, affording as it does at the same time an opportunity to effect a cure. Exploratory puncture has fallen more and more into disrepute—being regarded as an uncertain method of diagnosis at the same time being more dangerous than exploratory abdominal section.

At a recent meeting of the New York Academy of Medicine, Dr. G. M. Edebohls read a paper in which he gives his experience with exploratory puncture of the female pelvic organs, and attempts to make the method again popular with the profession. He prescribes an elaborate technique: full antisepsis, outlining and fixing the mass to be punctured, and puncture with the aspirator syringe from the abdominal surface. Seventy cases are reported in which the method was employed without untoward results. The author advises that the method be used only by the expert, lest harm rather than good result. In the discussion, in which Coe, Dudley, Boldt, Murray, Jewett and others took part, the method met with decided opposition on the ground that it is a question whether it is right to expose a patient to the danger of puncture of the intestines, with consequent peritonitis and probably death, where it is possible to secure such good results from abdominal section if a diagnosis cannot be made without an exploratory operation of some kind. This opinion is undoubtedly in accord with the sentiment of to-day. If it be possible to so outline a mass as to be able to fix it with the examining fingers for exploratory puncture, it should be possible to form an intelligent opinion as to its nature. It is the "masses" which cannot be outlined, definitely, and which consequently are not adapted for exploratory puncture, concerning which there will be the most doubt; which doubt, in proper cases, must be cleared up by abdominal section. Finally, it is to be hoped that the method proposed by Dr. Edebohls will never become popular, as its possibilities for harm far outweigh its possibilities for good.

ATLANTA MEDICAL AND SURGICAL JOURNAL.

In its January issue the *Atlanta Medical and Surgical Journal* expresses the great pleasure with which it appears before its readers free from "inserts," or pages of

advertising interspersed among its pages for scientific matter; and the *REPORTER* expresses also a pleasure that so admirable a contemporary has thus emancipated itself. The scientific and ethical standing of the *Atlanta Journal* is so high, and it has been such an exponent of honest medical journalism, that we congratulate it and the section of the country which it represents upon the improved appearance and more satisfactory standard to which it has advanced.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the *REPORTER*.]

THE PRACTICE OF MEDICINE; OR, THE SPECIFIC ART OF HEALING. By I. J. M. Goss, A. M., M. D., Professor of the Practice of Medicine in the Georgia Eclectic College of Medicine and Surgery, etc. 8vo, pp. xxix, 569. Chicago: W. T. Keener, 1888. Price, \$5.00.

We find it difficult to review this book and do full justice to our readers and to Dr. Goss. The latter appears to think that remedies should be prescribed according to the pathological indications in each particular case. "The old rule of treating disease by name . . . has," he says, "proved a blighting curse to the unfortunate sick." He is also a believer in the doctrine that there is a direct or specific affinity of remedies for certain organs, tissues or parts. He seems to believe, to some extent, in Hahnemann's law of similars, but he refers to the latter's belief that dilution rendered medicines more potent as "the vague chimera of this great man."

The actual value of the book, judged by the scientific standards of the day, is not great. It is scarcely more than a compend, in which diseases are not grouped in an orderly manner, and in which undue prominence is given to mere symptoms. For example, the title of Chapter IX is "Fevers: the Exanthemata," and the first disease considered is "Malarial Hæmaturia." Whooping-cough is considered under diseases of respiratory organs, impotence under diseases of the testes, and spermatorrhœa and "onanism" (so Dr. Goss mis-calls masturbation) under diseases of the prostate. The author, as was to be expected, devotes most space to treatment. The value of many of his remedies we cannot pretend to speak of, but we fear some of his statements must be accepted with caution. In speaking of the treatment of phthisis, he says that, in 1862, he gave to a patient who was bed-ridden and in the advanced stage of phthisis, "the larger portion of both lungs" "filled with tubercles," hypo-phosphites, ptelia and euonymus. The patient is said to have mended from the first week or two, finally recovered, and to be now a "living monument" of the efficacy of the above remedies. Dr. Goss adds that he has recently treated several cases with like success. It may be that his diagnosis was wrong, or that in the lapse of years his memory has made the gravity of the case appear greater than it really was.

The character of the book is perhaps well illustrated by the section on diabetes mellitus, which occupies

only a little less than two pages, two-thirds of which is given to treatment. The author says he cured a case of this disease by giving the patient thirty drops of fluid extract of *rhus aromatica* three times a day for several months. The urine of this patient yielded, upon evaporation upon a slip of glass over a lamp, "a large percentage of molasses."

The book as a whole is an odd mixture of good and bad, and it is difficult to separate one from the other. We do not think it of any value from a scientific point of view, but are willing to believe that many of the remedies it recommends, which are used almost exclusively by so-called Eclectic and Homœopathic practitioners, may be very useful.

A CLINICAL STUDY OF DISEASES OF THE KIDNEYS. BY CLIFFORD MITCHELL, A. M., M. D. 8vo, pp. xii, 431. Chicago: W. T. Keener, 1890.

The author presents a large amount of useful information in this book in such a way that it is easy of appropriation by beginners. His statements regarding diagnosis and prognosis are, in the main, correct and judicious. We think, however, he is wrong in looking upon large tube casts as occurring especially in chronic nephritis; large epithelial casts are common in acute nephritis. The granular casts depicted by the author are far too black and dense; they would be taken by any one, if seen in the urine, for blood casts. The object figured on page 70 as an epithelial cast is not a cast at all; it has no body, and is merely a line of epithelial cells.

There is much of value in the parts of the book devoted to therapeutics. Standard authors on renal diseases are quoted freely, and so are Homœopathic writers. The author appears to be truly catholic in his therapeutics. This fact adds considerably to the interest of the volume. Practitioners of so-called eclectic medicine will probably find Dr. Mitchell's book very much to their taste.

TUBERCULOSIS, OR PULMONARY CONSUMPTION: ITS PROPHYLAXIS AND CURE BY SURALIMENTATION OF LIQUID FOOD. BY W. H. BURT, M. D., Author of *Characteristic Materia Medica*, etc. Small 8vo, pp. 223. Chicago: W. T. Keener, 1890.

The author of this book, having noticed that it is possible to reduce the weight of a fat person by restricting his use of liquids and carbo-hydrates, was struck with the idea that abundance of water with carbo-hydrates might cure all wasting diseases, especially tuberculosis. He states in his introduction, from the results of his tests, that superabundance of liquid food, which he calls "suralimentation," when used in the first and second stages of phthisis, will enable the physician to cure more than fifty per cent. of the patients that would have to die with the best methods known to medical science up to the present date. After this astounding statement, we are surprised to find the author admit that, in the third or last stage, it will give only temporary relief. Under the etiology of tuberculosis we find the following: "To me its neural origin is as plain as any fact in pathology: its real cause being a debility pareses (*sic*), or neurasthenia of the organic nervous system." The sort of proof which appears to satisfy the author may be judged from the following statement: "The strongest argument that can be used against the bacillus theory is this: cod-liver oil has cured thousands of cases of phthisis. The attenuated homœopathic

remedy has cured many thousands of cases, and the suralimentation of liquids have (has) cured many cases." As this statement stands, it would appear that the attenuated homœopathic remedy has been more efficient than either cod-liver oil or "suralimentation." Then why not use it, and why not make its virtues known, rather than those of a less-efficient remedy? But the truth is, quite apart from the truth or falsity of the bacillus theory, that no remedy at present known to science has, of itself, cured a single case of pulmonary phthisis. The most that cod-liver oil or any other food can do is to improve the condition of the patient and help him to overcome the disease.

To conclude—the book is a mixture of sense and nonsense which is not worth reading.

CORRESPONDENCE.

Double Opening into Womb.

TO THE EDITOR.

Sir: Mrs. D— before she was married fell from overhead in a barn, landing on her feet on the barn floor. As a result she had procidentia uteri, for which she was treated by different physicians.

She wore a pessary—what kind she does not know—but so long that she says it had to be removed on account of ulceration produced.

She first consulted me when pregnant and threatened with miscarriage in 1888, and then I found on examination that she had an artificial opening into her womb at the juncture of the neck with the body posteriorly, which would admit the points of my index and middle fingers. During her miscarriage and in her confinement two weeks ago I found it no particular obstruction to labor, though it caused a good deal of anxiety.

The miscarriage and confinement cases are as follows. On December 22, 1888, I was summoned in the night by Mrs. D— for uncommon cramps, as she called it. On questioning her, I ascertained that she was pregnant, and gone four months. On examination I found that she had all symptoms of miscarriage, and I also found that she had a second opening into her womb, from which membranes were protruding, it being dilated very much. I administered a full dose of fluid extract of ergot, and had no difficulty in delivering her of the product of conception, the placenta and the membranes. She made a speedy recovery. I suggested operation, but she would not consent.

In course of time she became pregnant a second time, and after having gone four

months she consulted me for symptoms of another miscarriage. I administered anodyne and she went to term.

On the night of December 4, 1890, I was again summoned, not for cramps but, as she then very well knew, with symptoms of labor. On examination I found the artificial os dilated as large as a silver dollar, while the natural os admitted only my index finger. In vain I tried digital dilatation.

Labor progressed, with a head presentation, but disproportion between it and the maternal parts prevented termination by natural means. I administered chloroform and applied the forceps and delivered the woman of a big boy baby through the artificial os uteri.

The mother made an uncomplicated recovery.

The womb and all maternal parts assumed their natural proportion as before delivery, no tear occurred in the neck of the womb.

This case I report to ascertain whether there are any more cases like this.

Yours truly,

A. T. WELKER, M. D.

Collomsville, Pa.

NOTES AND COMMENTS.

Koch's Lymph.

The *New York Med. Journal*, January 17, says: It seems that Koch was guided to his discovery by observing the action of tubercle bacilli, living or dead, on tuberculous and non-tuberculous guinea-pigs. In the healthy animal an inoculation of the pure cultivation gives rise, after a period of incubation varying from ten to fourteen days, to a hard nodule, which soon breaks down into an ulcer and persists until the animal dies. When, however, a guinea-pig already tuberculous is thus inoculated, no nodule forms, but the superficial tissue at the place of inoculation becomes necrosed and falls off. Injections of a quite dilute glycerin infusion of a pure cultivation cause the animal's condition to improve. Evidently, having got thus far in his observations, Koch was unable to overlook the obvious suggestion that even dead bacilli, or at least a solution of some of their constituents or products, contained something that might be made available as a drug and produce the same effect. It was then, therefore, a comparatively simple matter to arrive at

the production of the curative liquid now in use. We see no reason why it should not now be prepared in any well-equipped bacteriological laboratory, and thus the restriction heretofore put upon its general employment be ended. In the absence of a more detailed account of its preparation than Professor Koch gives, it may, we think, be assumed that any person who would consider himself conversant enough with bacteriological methods to attempt the work of producing such a liquid would not, even without a hint as to the steps in the process necessary, have been in the least likely to produce an agent more dangerous than the Koch liquid itself. But Professor Koch feared such an occurrence when he first promulgated his method of treating tuberculosis; and his judgment was deferred to by the medical profession. He now brings up in support of his previous secrecy the argument that the less the clinicians knew about the nature of the liquid the more unbiased would they be in their observations of its action. This strikes us as odd, but there may be men so constituted. At all events, we are glad that the nature of the remedy has now been made known. The question of its curative action is still far from being settled.

[The observant reader will observe that Koch has not yet told just *how* he prepares his lymph. The whole affair is much more marked by forbearance on the part of the profession than by scientific candor on the part of Koch.—Editor of REPORTER.]

Mutual Aid Association.

The recent meeting of the Philadelphia County Medical Society, at which the claims of and objects of the Mutual Aid Association were especially presented, was an occasion of unusual interest and awakened much enthusiasm. Addresses were made by Drs. Gouverneur M. Smith and Henry Tuck, of New York, the former and present incumbents of the presidential chair of the New York Society for the Relief of the Widows and Orphans of Medical Men, and by Professors Keen, Pepper, Willard and others of this city. A brief memoir of Dr. Henry H. Smith, the founder of the Association, was read by Dr. Benjamin Lee. Sixteen of those present followed the example of Professor Keen in enrolling themselves as members, or increasing the grade of their mem-

bership. The total addition to the Benevolent fund thus made will amount to about \$1,300. On the adjournment of the business meeting a reception was extended to the guests from a distance, at the University Club.

The following extracts from Dr. Smith's address will convey an idea of the scope of the work of the New York Society.

"Our Society has, for a number of years, proved a blessing to its beneficiaries, and has been remarkably successful in accumulating a financial capital of \$172,180.58, which insures a continuance of a laudable work in the future." After emphasizing the somewhat remarkable fact that the largest contributors to and most earnest supporters of their Society had been bachelors, and mentioning the names of the eminent physicians who in the year 1842 met to inaugurate the movement, he continued: "Do not for a moment suppose that since then it has been fostered by lesser dignitaries. Many of those who have given to it the most time and care have been men whose families would, probably, in the ordinary course of events, never derive any pecuniary benefit from it. Since 1877, the smallest number of widows aided in any one year has been ten, and the largest number fourteen; the smallest number of orphans four, and the largest number eight. During the year the Society meets once. The Board of Managers and the Standing Committee hold four stated meetings, and such special meetings as may be necessary. One matter should be especially emphasized, viz., a *charitable* element should prevail in the direction of such fraternities; while business principles should be strictly enforced in the investments of funds, a charitable disposition should be made of the revenue derived from such funds. The affluent members of the profession should deem it a duty to their holy calling to foster any such organization. It is a work in which men of all nationalities and creeds can mutually co-operate, remembering the words of the great poet:—

'In Faith and Hope the world will disagree,
But all mankind's concern is Charity.'

Testicle Therapy for Phthisis.

At the meeting of the Paris Société de Biologie, December 20, 1890, Dr Brown-Séquard declared that charlatans were selling under the names "elixir" and "tonic syrup of the nervous system," a liquid

which they pretended contained the principle which he has announced as possessed of considerable dynamogenic power, and which is found in a liquid extracted from the testicles and spermatic ducts. Brown-Séquard protests against such deception of the public. The preparations to which he objects are all directed to be taken by the mouth and thus introduced into the stomach; but the gastric juice digests the fluid and destroys its dynamogenic powers, so that, even if the preparations actually contain what they profess to, they would be inert in the way they are administered. To be effective, the fluid must be injected under the skin or into the rectum.

Brown-Séquard also announced that a year or more ago several physicians had treated patients suffering with pulmonary tuberculosis with hypodermic injections of the testicular liquid, and that they had obtained very remarkable curative effects. Brown-Séquard, however, refuses to admit that phthisis can be cured with the fluid, though he does admit that, by virtue of its dynamogenic power it may produce a great increase of strength, cessation of fever and sweats, and a notable improvement in digestion and nutrition, and in the secretions. At Brown-Séquard's instance, Goizet has been experimenting since June last with the injections in phthisis. In three patients with phthisis in the second degree, the symptoms have disappeared and there has been a gain in weight and notably in strength. Dr. Uspensky has also called attention to this method of treatment. He reports that in thirty patients there has been obtained a disappearance of the symptoms of tuberculosis and a notable gain in strength and in weight. Brown-Séquard adds, that where the fluid has been filtered with care and used with proper antiseptic precautions, there is no fear of any dangerous febrile or other reaction.

Resection of Thyroid for Exophthalmic Goitre.

The *Lancet*, January 17, 1891, says that in a recent number of the *Deutsche Med. Wochenschrift*, Dr. Lencke, of Hamburg, discusses the subject of exophthalmic goitre with special reference to its treatment. He claims that as the treatment of this condition by medicine is remarkable for nothing so much as its inefficacy, if the surgeon can offer even a chance of relief his inter-

ference is justifiable, and he relates two cases in which surgical interference seems to have had the best results. The first patient was a lad of seventeen, who had the classical symptoms of the disease—rapid heart; palpitation, prominence of the eyes, and goitre. He came under treatment on account of a sudden access of the swelling, which by the pressure it exerted produced great distress, with extreme cyanosis. The heart was rapid and irregular, no rest or sleep could be obtained, and the patient was in imminent danger of asphyxia. Tracheotomy was performed, and a week later one-half of the tumor was extirpated. The operation was accompanied by much hemorrhage, which, however, stopped spontaneously, and recovery was uninterrupted. The symptoms rapidly vanished, the exophthalmos disappearing and the heart becoming quiet and regular in action. The improvement was maintained until the time at which the paper was written. Operation was undertaken in the second case, which had long been under observation, because of the good result in the first. The patient in this case was older, the symptoms were similar, and the operation was the same. The improvement was also very marked, and the patient four months ago was able to resume his occupation. It is yet too early to estimate the full value of the procedure adopted, as regards cure of the disease; but if relief can be afforded in other cases as great as was apparently obtained in those just related, a strong case will have been made out for the surgical treatment of this distressing malady.

Practiced Medicine without Registering.

In Court, at Reading, February 2, Judge Endlicht decided an interesting case. He refused a new trial to Mrs. Catharine Ebbert, of that city, charged and convicted of practicing medicine without registering, and ordered her to appear in Court for sentence. Mrs. Ebbert has since registered. She says she has been in continuous practice since 1858. In the particular case in which she was convicted, she alleged that the compensation she received was for a box of salve only, and not for medical services. Judge Endlicht says in his opinion: "Whilst it may be true that one who undertakes to cure disease by mere manipulation is not engaged in practicing either medicine or surgery, it is

at least equally true that the practice of medicine includes the application of medicines for the purpose of curing, mitigating or alleviating diseases."

Sanitary Convention of Pennsylvania.

The Fifth State Sanitary Convention of Pennsylvania will be held at Altoona, Friday and Saturday, May 15 and 16, 1891, under the auspices of the State Board of Health, assisted by the Board of Health of Altoona and a committee of citizens. This is not, in any sense, a doctors' convention. All who take an intelligent interest in the promotion of sanitary reform and the protection of the public health are invited not only to be present and take part in the discussions, but to forward to the Secretary, Dr. Benj. Lee, 1532 Pine street, Philadelphia, for consideration by the Committee of the Board, not later than April 15, papers on sanitary or hygienic subjects, which they would like to present before the convention.

Habitual Abortion.

The *British Med. Journal*, Dec. 20, 1890, states that at the meeting of the Obstetrical Society of London, Dec. 3, 1890, Dr. Leith Napier read a paper on habitual abortion. Some authorities assert that "habitual" abortion is often due to indefinite sources of uterine irritation impossible to recognize. Others esteem syphilis as the most common cause of habitual abortion. Both views are disputed by Dr. Napier. Apart from disease, malformation, or physiological incompetency, there is no "habit" of aborting. The pathology of "habitual" abortion is the same as that of ordinary or single abortion. Turning to etiology, Dr. Napier showed that more than half the cases were due to uterine congestion or disease, and only 9 per cent. to syphilis. Reflex causes were discussed; at most only 7 per cent. were truly reflex. Syphilis is much more commonly the factor of premature birth than of abortion. Seventy-seven per cent. of women subject to "habitual" abortion are either nulliparous gravidee, who begin their obstetric career by frequent abortions; or multiparous women, who often terminate fecundity by repeated abortions. Women

who habitually abort are, as a class, very fertile. "Habitual" abortion is highly amenable to treatment. Over 67 per cent. of the patients were delivered at term after cure of the cause of the "habit." Dr. Napier, in reply to a question, said he had wholly avoided treatment in his paper, but he regarded viburnum with favor. He thought congestion of the uterus more important as a factor in abortion than retroflexion. He admitted the importance of chronic cardiac disease.

Another Remedy for Perspiring Feet.

The *Medical Press*, January 21, 1891, says that Dr. Winogradoff recommends a 5 to 8 per cent. solution of chloride of zinc as an application for the prevention of undue perspiration of the feet. He begins by ordering the feet to be well washed in tepid water, and then dabs on the solution, wiping off the surplus a few minutes later. The application is best made at night, and may require to be repeated a week later. It acts as a caustic, destroying the sudoriparous glands, and should never be used except by the medical man himself.

NEWS.

—It was reported from Odessa, Feb. 2, that a hospital at Skopin has been destroyed by fire, fourteen patients perishing in the flames.

—A young Englishman named Bosanquet, was bitten by a rattlesnake, at Daytona, Florida, on February 1 and died the next day in great agony.

—On February 3, Dr. John S. Billings was chosen by the Trustees of the University of Pennsylvania Director *pro tem.* of the new Department of Hygiene, and Dr. A. C. Abbott, of Johns Hopkins University, first assistant in the department.

—Dr. C. C. Lancaster, a leading physician of Knoxville, Tennessee, died, February 3, of blood poisoning. He was inoculated with the septic matter a few days ago, while performing an operation on a body having a gangrenous wound.

—An amendment to the State Pharmaceutical law of Pennsylvania, giving graduates in pharmacy the privilege of registering without examination before a Pharmaceutical Board, was favored at a recent meeting of druggists in Philadelphia.

—A despatch from New Haven, Connecticut, Feb. 6, says that a girl about 10 years old, of Shelton, had been hiccupping incessantly for six weeks, and nothing had afforded her any relief. She was wasted to a skeleton, and death was but a question of a very few days.

—Dr. J. D. Nicholson, resident physician of the Cooper Hospital, Camden, N. J., has resigned to accept a position in the Philadelphia Hospital. Dr. I. D. Webster, who was the junior resident physician, succeeds him, and the Board of Managers has appointed Dr. Farrar, of Virginia, to fill the vacancy.

—Clarence W. Bowen, Secretary of the Committee on the Centennial of Washington's Inauguration, 251 Broadway, New York, desires information regarding the portraits of Thomas Fitzsimons, Thomas Hartley and Thomas Scott, members of Congress from Pennsylvania. These portraits, for the Memorial Volume, are particularly desired, to complete the list of portraits of the Pennsylvania delegation in Congress at the time of Washington's Inauguration.

—Dr. Benjamin Lee, Secretary of the State Board of Health of Pennsylvania, has accepted the position of Secretary of the Section on State Medicine of the American Medical Association. As the meeting takes place in Washington, May 5, it is important that all papers intended for this Section should be in his hands by the fifth of April. All members of the Association desiring to be enrolled in the Section are requested to forward him their names at 1532 Pine St., Philadelphia.

OBITUARY.

TROY S. SAUNDERS, M. D.

Dr. Troy S. Saunders, who has long been a subscriber to the *MEDICAL AND SURGICAL REPORTER*, died Jan. 20, 1891, at Indian Springs, Ga., of acute pneumonia. He was graduated at the University of Nashville in 1867. He was unmarried, and was nearly forty-seven years old. He was a noble, good man, and sacrificed his life to the profession he loved. Many people—mostly poor ones—black and white, have been sick with the prevailing colds and coughs. He ministered to their wants, when he should have been in bed. This tribute is paid him by a life-long friend.

J. V.